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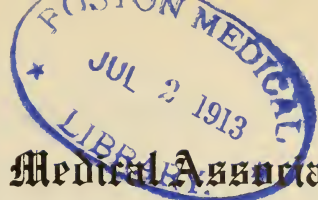
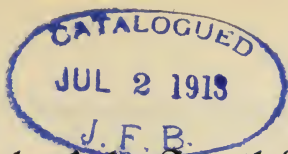
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The Journal of the South Carolina Medical Association

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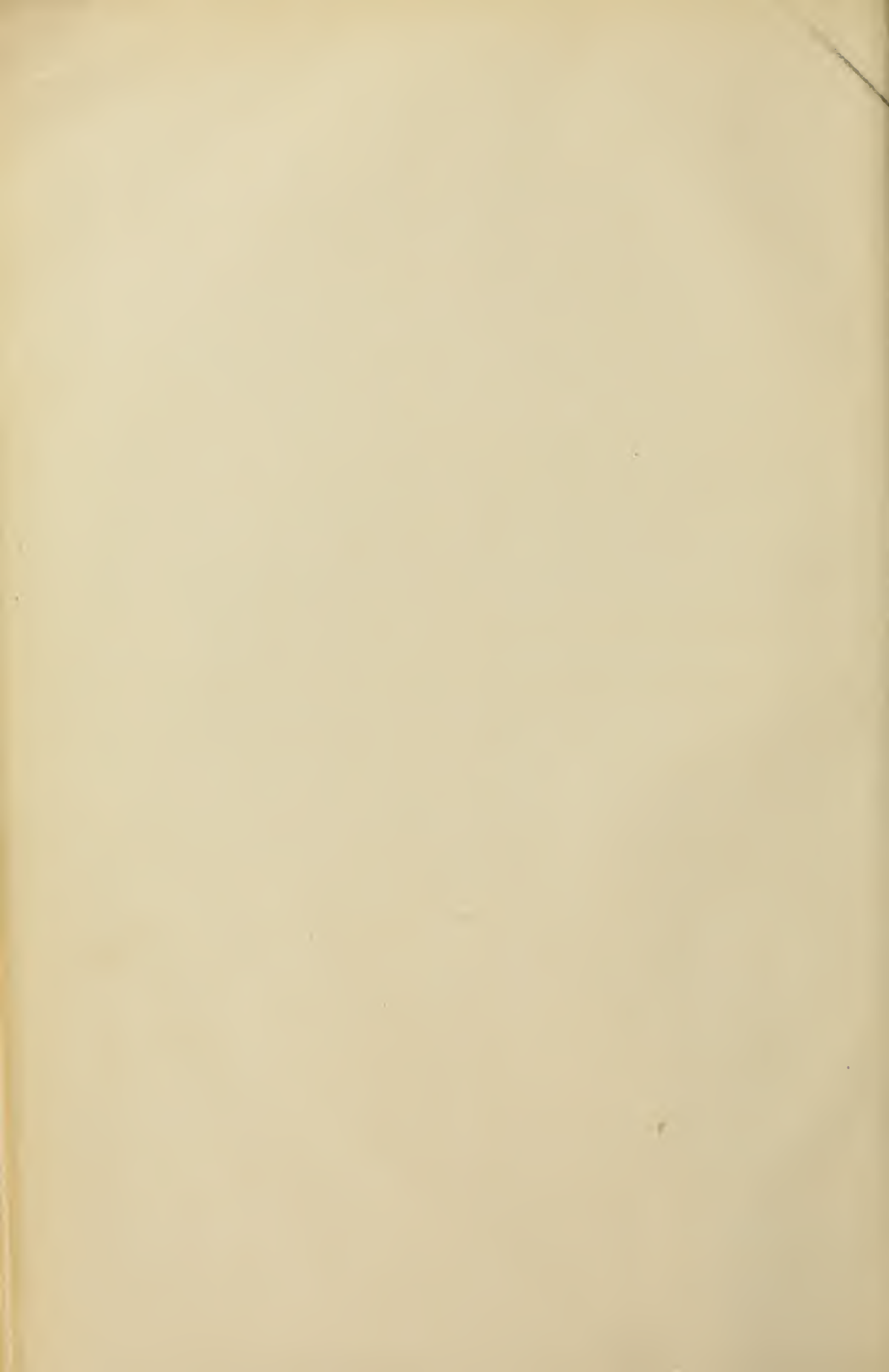
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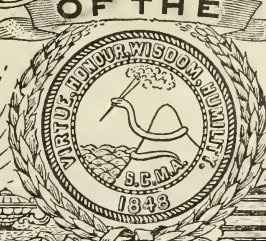


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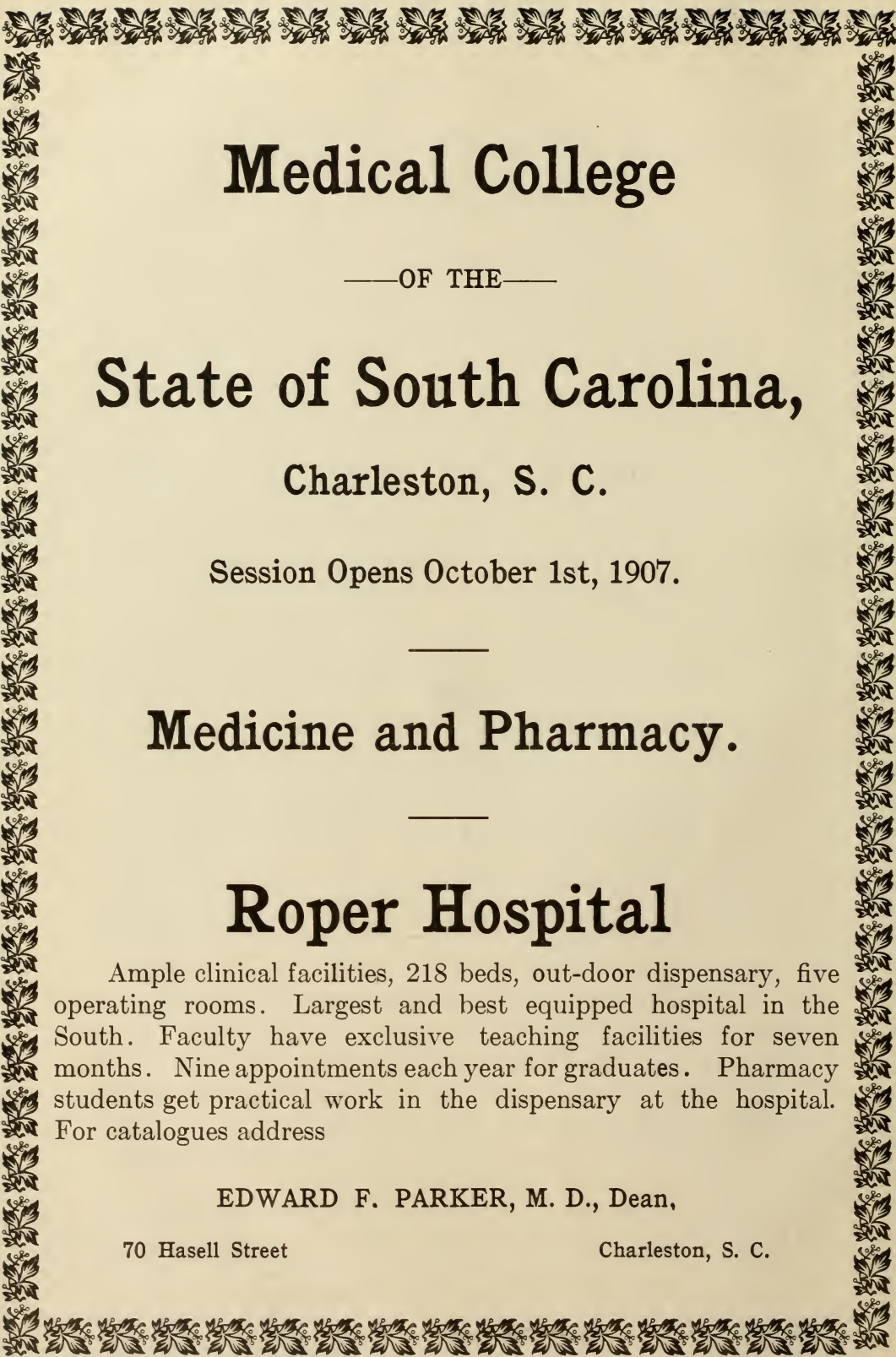
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GREENVILLE, S. C.



The Journal of the South Carolina Medical Association

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J. W. JERVEY, M. D., EDITOR.

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The Journal is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed, For prices of reprints see advertising pages.

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J. R. McGHEE, Business Manager, Greenville, S. C.

Editorial.

HELP!

We reproduce below the recent report of Dr. G. L. Martin, agent of the State Board of Health in the counties of Greenville, Anderson, Pickens and Oconee. We print it for two reasons: first, because it is interesting; and second and more important, because it is instructive, emphatically instructive. We shall spare the faithful reader an educational tractation, but point out that we have taken the liberty of capitalizing for emphasis a number of clauses in the report. But little comment is required. Medical training is quite unnecessary for the comprehension of the vital points which we have emphasized below. This is a real, concrete and authentic object lesson, which should go far, if not indeed the whole way, toward searing the legislative soul into an effective recognition of the critical need of a stringent system of officially recorded vital statistics. When physicians, clergymen, coroners, midwives, undertakers, and others who may be concerned, are compelled by law, under penalty to report, in their respective spheres, births, deaths, marriages, and the occurrence of infectious diseases, society will be in happier order, a vast economy will be noted in the saving of health and working

ability of classes and masses, and the death rate will be wonderfully reduced, though what this rate is now God only knows, and He will not tell.

Greenville, S. C.

Dr. C. F. Williams, Sec. State Board of Health,
Dear Sir:—

I hereby beg leave to make this, my report, to your board for work done in Greenville, Anderson, Pickens, and Oconee County.

At your instance, I began work to suppress the epidemic of scarlet fever, Sept. 1st., and have worked continuously to the present, Dec. 20th. I have quarantined 175 premises. I have disinfected by fumigation with formaldehyde, 323 premises. There have been, approximately, $2\frac{1}{4}$ cases in each family affected. The malady was most prevalent along the main line of Southern Railway, in fact, I traced the origin of the disease as coming from Atlanta, Ga. So far as I have been able to learn, all the Piedmont counties from Laurens up, have been more or less affected by this scourge of scarlet fever. Greenville County has suffered most, in my estimation. The malady began early in the summer, and the following places have had more cases, viz: All factory towns in and around Greenville, Piedmont, Pelzer in Anderson Co., Greer in Greenville Co., Traveler's Rest and Marietta in Greenville Co., Westminster in Oconee Co., some cases at

Walhalla, Oconee Co., Central, Pickens Co., and all intervening territory. From reports to me, there have been 20 deaths occurring in children, many more not reported. There came under my observation, 100 cases nephritis, some incurable; many other complications or sequelae such as tonsilitis, pericarditis, articular rheumatism, which are the inevitable results of scarlatina.

The principal trouble encountered by me, was first, the DOCTORS IN SOME INSTANCES WOULD NOT REPORT THEIR CASES, and second, many families did not call a doctor at first and frequently he was only called when some bad after effects aroused the head of the family to the necessity of seeking medical advice. THERE HAVE BEEN MANY MILD CASES BUT I FIND IT IS FROM THESE MILD CASES THE GREATER NUMBER OF BAD AFTER EFFECTS OCCUR. I account for this only in this way, viz: those who have mild cases do not take the proper care of their children while suffering with scarlet fever, not realizing its dangers. Another trouble encountered by me was that SOME PEOPLE OBJECTED TO BEING QUARANTINED, AND IN SOME INSTANCES TRIED TO PREVENT ME FROM DISINFECTING THEIR PREMISES. These people, of course, did not realize the benefit accruing therefrom.

In many cases, I had to hunt up cases of scarlet fever. Some people who reported cases would bind me to secrecy for fear of offending their neighbors. THERE ARE A FEW DOCTORS WHO MAKE A DISTINCTION BETWEEN SCARLET FEVER AND SCARLATINA, AND CLAIM THE LATTER IS NON-CONTAGIOUS. I am glad to report this class of doctors is greatly in the minority.

THERE IS DANGER OF AN OUTBREAK NEXT YEAR FROM THE FACT THAT MANY HOUSES WHERE MILD CASES HAVE BEEN, WERE NOT REPORTED TO YOUR AGENT AND THEREFORE NOT DISINFECTED.

THERE ARE MANY CHILDREN WHO HAVE BEEN LEFT BY SCARLET FEVER SO AFFLICTED THAT THEY WILL NOT REACH THE PERIOD OF MATURITY.

I have disinfected all houses, including some school buildings, where, as I was informed, certain cases have existed. AS ABOVE STATED, SOME DOCTORS WOULD MAKE NO REPORTS TO ME, FOR IN SOME INSTANCES IT WAS VERY UNPOPULAR TO DO SO.

As you know, sir, I was not put in charge until scarlet fever had made much headway. The disease was brought to the attention of our County Medical Society by the members in different localities. I, therefore, did much more disinfecting than quarantining. At Westminis-

ter, Oconee Co., the graded school was stopped for a period of time until the danger was passed; also at Central, in Pickens Co. a college and the public schools were closed until we could put the epidemic under control. At Central, I had much assistance from the local doctors; they were great sufferers. Dr. Clayton had 5 children who had scarlet fever; Dr. Warlick, 3 children, Dr. Shirley 3 children, and his were the worst cases to survive I saw during the fall. At Westminster it was hard to get reports at first and only after the second visit did I succeed. At Greer in Greenville Co., there was much work to be done, both quarantining and disinfecting. In this work, I received much assistance from the doctors here. It was not only in the town and cotton mill towns, but in the whole surrounding country. In Anderson Co. it prevailed mostly in mill villages, but many in the rural districts. THERE IS YET MUCH WORK TO BE DONE IN DISINFECTING, OR ANOTHER SCOURGE WILL PREVAIL NEXT YEAR. I am doing the work as fast as I find where cases have existed. There are some cases in Greenville, but the epidemic is practically under control. THE MANAGEMENT OF THE COTTON MILLS HERE HAVE CO-OPERATED WITH YOUR AGENT, WITH TWO OR THREE EXCEPTIONS. THEY CONTRIBUTED MATERIAL WITH WHICH TO FUMIGATE THE PREMISES IN 50 PER CENT OF THE CASES. THE EXCEPTIONS NOT ONLY REFUSED TO FURNISH ANY MATERIAL AID, BUT SEEMED NOT TO CARE WHETHER THE WORK WAS DONE OR NOT.

IN RURAL DISTRICTS, THE PEOPLE TOOK THEIR CHILDREN WITH SCARLATINA TO SUNDAY SCHOOLS, TO PREACHING AND PICNICS, and in this way the epidemic was wide-spread before the State Board of Health took matters in its hands. THE PARENTS DID NOT SEEM TO REALIZE THE GRAVITY OF THE DISEASE.

One physician gave me a list of 26 families where scarlet fever had been. HE REPORTED TO ME THAT HE HAD ONLY VISITED 6 OF THESE FAMILIES; THAT THE DISEASE WAS VERY MILD, AND THAT IN THE OTHER 20 FAMILIES, HE HAD PRESCRIBED WITHOUT SEEING THE CHILDREN; THAT I WOULD FIND THEM ALL WELL. I found 12 children in these families suffering from nephritis with general anasarca. I found 2 suffering from pericarditis, all of which were caused from scarlet fever. I SUSPECT MANY DEATHS WHICH HAVE NOT BEEN REPORTED TO ME, AND CERTAINLY THERE WILL BE QUITE A NUMBER FROM THE AFTER EFFECTS. SOME WILL HAVE THEIR SYSTEMS IMPAIRED FOR LIFE.

I will state that AFTER DISINFECTING THE PREMISES PROPERLY, NO NEW CASES OCCURRED, AND NO NEW CASES BETWEEN THE FIRST AND SECOND DISINFECTION WHERE 7 TO 9 DAYS ELAPSED which shows conclusively that the methods you directed me to use will kill all the germs and prevent the spread of the fever, where done, of course, in the proper way, using strong formaldehyde.

There were 4 homes where cases developed after first disinfecting, 5 to 6 days. The houses were very open and it was hard to treat them properly. As you know, sir, we have a treatment for small-pox, viz: vaccination; diphtheria, antitoxin, but scarlet fever can only be prevented by proper disinfecting before the germs are taken into the system. Prophylaxis is the only course open to the medical man.

As before stated, some of the factory authorities kindly furnished materials to disinfect. Some private families furnished materials also, and the local board of health of Greenville let me have free, a quantity of formaldehyde where the work was close outside the incorporate limits.

The cotton factory people have suffered most from scarlet fever, and strange to say, some of them seriously object to being quarantined and having their premises disinfected.

In conclusion, I desire to emphasize the fact that disinfection is effective and the process kills the germs in all cases where I disinfected premises twice; the period of incubation had not expired when new cases developed. I quarantined 175 homes, fumigated or disinfected 323, as follows:

55	"	"	"	"	Westminister, Oconee Co.
75	"	"	"	"	Central, Pickens Co.,
82	"	"	"	"	Greer, Greenville Co.
4	"	"	"	"	Taylor's, Greenville Co.
25	"	"	"	"	Piedmont, Greenville Co.
40	"	"	"	"	Pelzer, Greenville, Co.
4	"	"	"	"	Pendleton, Anderson Co.
100	"	"	"	"	Traveler's Rest, Greenville Co.
20	"	"	"	"	Marietta, Greenville Co.
200	"	"	"	"	Greenville, outside incorporate limits.
105	"	"	"	"	intervening territory.

In this report, take notice there was frequently one family quarantined twice and disinfected from one to four times, each time is counted as a separate house or family.

I desire to thank you, sir, for your wise counsel and advice, and your courteous treatment.

Respectfully submitted,

G. L. Martin, M. D.
Agent, State Board of Health.

The points we have capitalized above will be clearly understood by the careful

reader. He will see, alas, that more than one class of people, even some physicians, need education in sanitary and hygienic essentials. What are we going to do about it? We are all working might and main to spread information and enlightenment. We can beat disease in many cases—the infectious diseases in all cases—and if our legislature will give us the needed support, we certainly shall do it.

REGARDING CERTAIN FAMILIAR DRUGS.

In an article in the October issue of the Journal, entitled "Regarding the Action of Certain Familiar Drugs," manifesting serious study and deep philosophic reasoning, Professor John Forrest, of Charleston, has provided us with some pabulum for very thoughtful reflection. He boldly declares that "there can be no doubt that the diuretic action of calomel depends upon its effects in diminishing resistance to the normal blood pressure, and not lowering that pressure, as is generally asserted". Sajous, however, in his great work on "The Internal Secretions and Principles of Medicine," just published, p. 1388, ascribes the active diuretic action of calomel to its power of enhancing general metabolism, thus causing rapidly an excess of waste products in the blood. Inferentially, then, there would seem to be an increased blood pressure, and Sajous observes that the drug is very efficient in anuria of asthenic origin in which the blood pressure is low.

Dr. Forrest further remarks: "if there is anything that we may regard as established in our experience of drug actions, it is the marked effects of the iodides on the circulation in dilating the blood vessels, diminishing resistance to blood pressure, and increasing the secretion of the urine." Sajous, in his epoch-making work above referred to, p. 1161 et seq., after a weighty and very convincing discussion, has this to say: "Iodine and its preparations not only do not, as shown above, cause vasodilation either in large or small doses, but they provoke constriction of all vessels, arteries and veins, because these vessels are supplied with a muscular

coat, and owing to the excessive metabolism which they incite indirectly in this, the contractile layer of these vessels. This morbid phenomenon is aggravated by another factor: the presence in the blood of sufficient iodine to irritate the intima, a feature which, in itself, tends to promote constriction in vessels supplied with vaso-motor nerves. What has been mistaken for general vasodilation is dilation of the capillaries. These delicate vessels not being supplied with a muscular coat or vaso-motor nerves, are not morbidly influenced as are the others, but they suffer indirectly: the arteries and veins, by contracting inordinately, drive the blood into them and cause passive dilation."

At this point we feel we were wise in leaving the further prosecution of this interesting discussion to Dr. Forrest and Dr. Sajous, and for this purpose we hereby offer to these two distinguished scholars the use of the Journal's columns.

DEATH FOLLOWING DIPHTHERIA ANTITOXIN INJECTION.

We are in receipt of the following letter:

Norristown, Pa., Jan. 9, 1908.

To the Editor: Yours of Dec. 21, 1907, received but it has been impossible for me until now to reply.

On the evening of Dec. 12, 1907, Ely Weitzel aged 34 years, in apparently splendid health, came to my office and asked to be given an immunizing dose of diphtheria Antitoxin, as he had kissed his little daughter who was found within two hours of his kissing her to be suffering from diphtheria.

A few minutes before 8 P. M., after having carefully sterilized the right side of the abdomen, I selected a point about four inches above Poupart's ligament and injected 1000 units of Mulford's Diphtheria Antitoxin. He said that neither the introduction of the needle nor of the serum gave him any pain, but spoke of the "lump" that resulted. At the time of the injection he was reclining in a Harvard chair where he remained for a period of about two minutes. As he arose from the chair he complained that the point of injection "burned like a blister". While putting on his vest, he remarked that his scalp was "burning and itching", and he said, "I cannot get my breath". At my request he sat down again in the chair. As he did so he said, "I have an intense burning all over my body" and almost immediately added "I am burning up inside." He was apparently paralyzed for he made no voluntary motions of arms or legs after getting into the chair. He began to froth at the mouth, had slight convulsion and ceased to breathe. His

heart continued to act for sometime after breathing ceased.

As soon as I observed the gravity of the symptoms, which was about the time he sat down called three neighboring physicians, two of whom responded at once, the third later. We instituted artificial respiration and used all means at hand for resuscitation but without avail. The time elapsing from the moment of injection to the time of death was about five minutes. The Coroner was notified at once, but no autopsy was made.

The serum had been procured from a neighboring druggist a few minutes before using, the seals were unbroken and the date of expiration marked on the package was "March 7, 1908."

It may be of interest to you to know that this man from childhood suffered from symptoms of asthma whenever he came into contact with a sweating horse or inhaled the dust from a horse, but was not an asthmatic subject as ordinarily understood. The matter has been placed in the hands of Drs. Rosenau and Anderson of the Public Health and Marine-Hospital Service at Washington, D. C., who will doubtless make public results of the investigation. (signed)—S. N. Wiley, M. D.

This report is as interesting as it is important, and the more interesting hereabout inasmuch as a similar case recently occurred in this state (see S. C. Med. Asso., Dec. 1908). Indeed the likeness of the two cases in some particulars is very striking. In the report above it is possible that the observation not least important is the fact that the patient "from childhood suffered from symptoms of asthma whenever he came into contact with a sweating horse or inhaled the dust from a horse".

Let us reason by analogy. A few years ago, Durham and others discovered the general law that the blood serum of a person who has sustained an attack of bacterial disease will cause clumping of the specific organism of that disease. The Widal reaction is an example of this law. In Dr. Wiley's case above reported the symptoms are at least suggestive of embolism, either in the central nervous area, or perhaps in a coronary artery, or a large pulmonary obstruction. It is most interesting, therefore, to note that some systemic condition obtained in the patient which was responsive to the irritation caused by the deposition on the Schneiderian membrane of the emanations from a horse, and that the injection of a quantity of horse serum, of which the diphtheria antitoxin is made, resulted in death from symptoms above noted, the

serum, in some way, perhaps, having gotten entrance to the general circulation. That the antitoxin, or the particular preparation used, was not the lethal factor is evident from the fact that in the two cases under consideration the preparation of two different houses were used, and furthermore from the fact that in one case half of the syringe used in one case which resulted in death was injected into another person with no unusual effects.

We should like to have an earnest and serious discussion of this matter from among our readers, for it is a situation full of interest and importance not only to the profession, but to the whole people as well

TRI-STATE MEDICAL ASSOCIATION.

The following letter has been sent to all members of the Tri-State Medical Association of the Carolinas and Virginia:

"Dear Doctor: The next meeting of the Tri-State Medical Association will be held at Charlotte, N. C., February 18th-19th, 1908. The location is central and there is every reason to expect a large attendance. The Committee of Arrangements promises a cordial reception and the Secretary is preparing an attractive program. I write to ask you to do three things:

- "1st. To attend the meeting;
- "2nd. To prepare a paper;
- "3rd. To secure at least one new member.

"Very truly yours,

(signed) "Stuart McGuire, President.

This is pre-eminently an association of high-class membership and lofty standards. We doubt if there is a medical organization in this country whose average can measure up to the mark of the Tri-State, and certainly none can surpass it. Comparisons and distinctions may be invidious, but the truth is that this society numbers amongst its actively interested members so many distinguished scholars and scientists that the badge of membership itself is a distinction.

While South Carolina has always been well represented at the meetings, it is nevertheless a fact that in point of numbers at least she has not contributed as freely as she ought. There are many excellent reasons why this should not be, and we hope that this year in Charlotte, central and easily accessible as it is, our state will be strongly in evidence, and especially do we wish to see the brains of our seaboard region present. Here the very real and living leaders of the profession of three great states will get together, and none of us can afford to miss the opportunity for communion. With Stuart McGuire as president, as well loved if not yet as widely as his distinguished father, the late Hunter McGuire, the Tri-State can confidently look forward to its approaching session being the greatest and most successful in its history.

Next year this association will meet in South Carolina. What county is going to have the honor of securing the meeting?

THE BEAUTIES OF ORGANIZATION.

A very striking address was that delivered to the Orangeburg County Medical Society on September 17th last, by Dr. T. G. Croft, councilor of the second district of the association, and published in this issue. Every physician that heard it or reads it will feel the better for it. A Nestor in the profession, Dr. Croft's point of view commands a vista far and wide, and his big and active brain grasps well the ever lengthening, ever larger looming perspective of modernity. In the course of his address, and speaking of the organized profession, he said: "No body of men wields so large a disinterested influence for the public good." Only the old moth-eaten antiquities, relics of a narrow minded, jealous-cankered past still cling to the ungenerous creed that the physician has no right nor call of duty to interfere in the management of state problems for the furtherance of the public good. The modern idea is different, and Dr. Croft has struck the keynote for the progress of State

Medicine. It is good to hear these vibrant tones sounding in full accord with the note we have assiduously harped upon for near two years.

Dr. Croft has not neglected appealing to the hearts as well as to the minds of his hearers, and this gives to his words an added touch of charm and an essence of sincerity commanding attention and responsiveness, two attributes which alone can measure the force of any flow of words. Said he: "The happiest recollections of my first years of practice are those of the kindness and consideration shown me by those with whom I counceled, and I am sure we have only to become better acquainted to discover the many fine traits of character to be found among medical men everywhere."

Precisely so. We cannot improve upon this golden sentiment. But we can once more, in all earnestness, ask our various county secretaries how, in the name of all that is beautiful and blessed, the individuals of our state association can become acquainted and stay so, unless fairly regular communication between the county societies is kept up through the medium of the Journal? This is the Journal's province and its purpose. Are all our county secretaries satisfied that they are doing their duty?

WHAT'S THE USE?

Aye! What's the use! The few labor that the many may loaf; the few fight that the many may be favored; the few sow that the many may reap. But you who loaf upon the structure which your neighbor's labor has builded; you who are favored by the victories of your neighbor's fight; you who fatten in the granaries filled from another's toilsome sowing; you who pluck the fruits, the sweeter perhaps that they are stolen, from the orchard of another's nurturing care; hear us when we call you leeches on the limbs of struggling Sincerity, and parasites upon the very prow of Progress—barnacles upon the belly of the great ship Forward.

But, what's the use!

The earmarks of apathy are abroad in the land. Having achieved the most re-

markable victory in the history of organized medicine, when gigantic combinations of millions of insurance capital were compelled to surrender to the just demands of their examiners, the medical profession, at least in this state, has folded its hands in beatific complacency, turned its carcass to a peaceful pose, and murmuring the sweet old words imbibed at mother's knee, "now I lay me down to sleep", and, for all we know "praying to God it's soul to keep", has passed into the twice blessed realm of innocuous unconsciousness. Hasheesh could do no more! To us, at least, it seems that the soul that slumbers is most damnably near dead! And this, all this, upon the very heels of that great victory which should have been the stimulus and strength for yet another winning fight, which would have served still deeper to entrench our confidence in ourselves, and to prove to the world that our organization is worthy of that support and respect which all great, unselfish, forward movements in the economy of civilization must command.

But, what's the use!

We have seen and realized the importance of concerted, organized efforts on the part of the profession, if proper legislative enactments are to be procured. We have begged in these columns, in association gatherings, in informal talks, and in written communications, the earnest individual co-operation of every decent doctor in South Carolina. We have pleaded and prayed. We have, in a very maelstrom of mixed prayers and curses, supplication and anathema, insult and benediction, pointed out the way to bettering the profession and the public through certain statutory changes. We have showed why these changes are needed for the good of all the people. We have showed how they could be accomplished. We have even gone to the length of drafting a letter for the convenience of every busy doctor, asking only that it be copied and mailed to every assemblyman in each county of the State, experience having proved elsewhere that this personal interest is necessary.

But, what's the use!

A baker's dozen of the wideawake physicians of the state, with their ears to the ground, and their fingers on the people's pulse, have responded. They are the faithful few, and if, in spite of colleagues' shameful apathy, success shall crown their efforts, we know there are those who will see to it

that the fruits of victory shall not be wholly misplaced or misappropriated. And these have done a sacred duty and fulfilled a sacred trust by giving their time and labor to the cause of humanity—the greatest cause that Life can ever know; the cause of the people, those children in the great garden of the world to be whose guardians the masterful unfolding of the sciences has inevitably ordained us!

And THAT'S the use!

There is yet time, friends and fellow-members. If you have not already done so, sit right down and write those letters to your county legislative delegation. Send them to Columbia, now, while the legislature is in session. If you refuse, may ignominious shame strike deep into your hearts! If you forget—still, shame!

NOTES AND COMMENT.

At the call of the president, Dr. A. B. Patterson, of Barnwell, the South Carolina Anti-Tuberculosis League will meet in Columbia, on February the fourth, next. This league is destined to wrestle with one of the biggest problems of State Medicine. No greater field could be entered by men of big brains as well as big hearts. A large attendance is expected and deserved.

In order to conform with the divisions of the calendar year, and also with the fiscal year of the Association, it has been thought best to conclude volume three of the Journal with the December issue. There are therefore seven numbers, from June to December, 1907, in the third volume. Hereafter we hope to have an index for the year printed with the last issue in each volume. The present issue, as will be noted, is volume IV, No. 1.

With an accompaniment of a few altogether charming and happily condescending words, the Hartford Life Insurance Company announces to the world that on Jan. 1st it struck the toboggan slide and came down off its perch. Henceforth five dollars is the fee for its examiners. Nice of it to do this voluntarily, isn't it? And the poor old New York Life, lonely and lonelier! What a cold, sordid, and unsympathetic old world it is, to be sure!

The way the newspapers talk about a surgeon being put in command of a hospital

ship reminds us of very forcibly of the pelucid opinions of all the world and his wife regarding the primal causes of the late panic. If the neutrality laws observed by all civilized nations require that in time of war the officers and crews of hospital ships, outside of the medical corps, shall be civilians, why should not the same policy be practiced in time of peace? This would appear, indeed, to be the only sensible policy. "In time of peace prepare for war". And if a civilian master and crew do man the hospital ship, what difference on earth (or sea) does it make to the line officers whether or not a naval surgeon is placed in technical command of that ship? We do not like to say it, but it looks, on the face of it, very much as if someline officers are breaking their necks to get a "neutral" berth in case of a fight. Of course this is not the case; and as it is not, we hope that, just for appearances' sake if nothing more, the line officers and certain newspapers will forthwith shut up.

We have received a copy of the transactions of the last meeting of the American Medical Editors' Association, held in Atlantic City last June, and take occasion to commend the act of the secretary of the association regarding certain editorial eliminations. Of course boors will sometimes butt into polite society, but Dr. Joseph MacDonald, in the course of a long and successful career as a medical publisher, has learned to put such accidents in their proper light—Out!

President Taylor's open letter enclosed as a supplement to the transactions is a model of good temper and conservatism. He takes up and elaborates our suggestion for the gradual elimination of objectionable advertisements from all medical journals, and speaks very appreciatively of the work of the Council on Pharmacy of the A. M. A. We are very sure that Dr. Taylor will accomplish a great deal of good in his incumbency of the presidency of this influential association.

We point to an article in this issue entitled "The Doctor in Politics", under the head of News and Miscellany.

From a prominent surgeon of the Piedmont country: "I am enjoying our Journal more and more every day." When will every doctor in South Carolina attain this enviably enlightened state?



Original Articles

THE VALUE OF THE COUNTY MEDICAL SOCIETY TO THE PROFESSION AND TO THE PUBLIC, AND THE OBLIGATIONS OF A MEMBER TO HIS SOCIETY, AND HIS BROTHER MEMBERS.*

By T. G. CROFT, M. D.,
Aiken, S. C.

(Councilor 2nd District, South Carolina Medical Association.)

Mr. President, and Members of the Orangeburg County Medical Society: It is with much pleasure that I received through your courteous member, Dr. A. R. Able, the kind invitation to join you today in your meeting, and to read a paper on any subject that I might select. It needs no apology on my part, I hope, in selecting a subject of the above caption, and I trust you will pardon me, as councilor of this district, if I should in your eyes, assume too much the position of critic, censor or advisor, in what I may say. I feel perhaps in my official capacity that this society, which I am proud to number among those in my councilor district, in its courtesy, will grant me this privilege. Besides this, gentlemen, I feel that it was through my initial efforts that you were brought together, and that the Orangeburg Medical Society was formed. A society that ranks high in the state for membership, intelligence and loyalty to the profession.

Of the population of our state, there are two, and perhaps three physicians, in some counties, to every thousand inhabitants; locally a very small proportion, but in the aggregate a very large body of men, with

similar occupation, objects and aims. No body of men wields so large a disinterested influence for the public good. This is so, for the physician is generally an educated man, whose work brings him in contact with all the people, who usually look to him for advice and guidance along social, moral and hygienic lines.

This responsibility to the public, which is fundamental to our profession, may be taken for granted, but in addition to the duties he owes his fellow-man, there is a duty he owes to himself and family namely, to get for himself and them a fair share of happiness and the elements that add to the pleasures of life, and which smooth the road to old age, when he is no longer in the ranks and bearing the burden and heat of the day. How can he do this? We answer: By associating himself with his fellow laborer in the county society.

The advantages of association are both mutual and individual. Individually, each man profits by contact and social acquaintance with his brother physician by receiving and imparting information from each other, and mutually, each member is a sharer in the common success and prestige of the profession.

What then does the county society do for the profession? It provides the best means of social acquaintance and mutual instruction for its members uniting in bonds of good fellowship workers in a common cause. It maintains a high standard of bearing, which upholds ethics and morals, discourages and puts down violations of the same, and thereby uplifts the morals of the entire profession.

A study of the principles of the Code of Ethics by county medical societies is as important to the well-being of a community as is the prophylactic against dangerous diseases. If physicians were as earnest in studying the one as the other. then many

*Read before the Orangeburg County Medical Society—Councilor's Address, September 17th, 1907.

breaches of professional etiquette would not occur. Misunderstandings estrange for a time those who should be brothers, and as a result, frequently we see a patient enter the valley of the shadow of death deprived of the consultation that might have been to his benefit. Jealousy, that green-eyed monster, the opprobrium of our profession, would be driven from our midst if ethics were as thoroughly taught in our colleges as some less important study. If not taught there, then we must do so in our post-graduate school, our county medical society.

Upon what authority have we a code of ethics? Is it a thing of real value? What relation should it bear to the individual physician? Does it merit his respect? Or is it worthy of his reverence? Should it control his actions? I say, gentlemen, it is the concentrated, earnest and honest opinion of the wisest and noblest members of a noble profession. The principles of ethics should be to the profession, what the ten commandments are to the Christian world. Even more, for there is a greater commandment, and the principles of ethics are simply the fulfillment of the golden rule, "Do unto others as you would they should do unto you." One of the most difficult, and yet most vitally desirable virtues for a physician to acquire, if he be so unfortunate as not to possess it, is a recognition of what should be his deportment towards his professional brother. If we will place our profession on the height originally destined for it; if we will make the name of the physician honorable, and its bearers honored, professional courtesy must stand on a plane but little, if any, lower than professional education. We must demand that he who would become a member of our organization shall so conduct himself towards his brethren as to add dignity to the profession of medicine. Our profession demands from us respect and honor. It demands the best service of our lives. To live worthy of the profession we have chosen should be next to our religion. That its name should not be dragged in the

dust, and trampled upon by all men, it is incumbent upon us, its disciples, to dignify it by lives of professional purity and honor.

Professor Faunce of Brown University thus expresses the difference between the profession of medicine and trade:

"In two respects the medical profession deserves recognition and regard of all other callings in modern life. It has always insisted that the practice of medicine is a profession and not a trade. Trade is an occupation for livelihood; profession is an occupation for the service of the world. Trade is occupation for the joy of the result; profession is occupation for the joy in the process. Trade is occupation where anybody may enter; trade is occupation taken up temporarily until something better offers; profession is occupation with which one is identified for life. Trade makes a rival of every other trader; profession makes one the co-operator of his colleagues. Trade knows only the ethics of success; profession is bound by lasting ties of sacred honor."

It has been said that the local medical society is of more use to the younger practitioner than the older. It is the formation period of the young worker. He is testing at first hand, Truth, by trying the numerous theories from various sources. Many of the fads advocated with such enthusiasm are proving useless and impracticable. The words of the most valued text-books are often found untrue. The positive and zealously advocated teachings of the most brilliant in the professorial chair, come to naught when set over against a newly discovered truth. It impresses upon his mind that science refuses to accept, unless accompanied by truth, the words of any master.

If the younger members have more time for reading, he can, with his *Index Medicus*, ascertain the progress of the world on the subject up for discussion, and though an Osler may make a statement, he may controvert the fact stated, if not in accord with recently discovered truth. It has been frequently said that the younger

members of the society lack self-confidence, and consequently fail to inspire the faith of those who employ them. It is in just these cases if he does his duty to his society, that it aids the earnest and honest young man to that self poise of manner and discipline of knowledge and character that will make the quiet self-respect which is the basis of all confidence.

The benefits of the county medical society to the older practitioner are that it augments his knowledge in many directions. He is quite unable to master the vast field of medicine and surgery of the present day. Others study along different lines, read different books, have different experiences, and from which at the society meetings they present various ideas, and make new and practical suggestions. Doubtful, incorrect statements, and illogical reasoning by fellow members increase his knowledge by compelling him to seek further research to satisfy his doubt. Hence one who has attended society meetings without being conscious of indebtedness thereto for not an inconsiderable part of his practical, proved knowledge, surely fails to give it proper credit. The knowledge which the older practitioner has needs trimming and readjusting and there is nothing more effective to accomplish this than the county society. Let him read papers, report cases and discuss other papers, and he will find his own stock of knowledge is often deficient. Thus, the county society is a crucible for separating the gold from the dross in the knowledge of the old practitioner, and the more isolated his work, the larger his success, the greater his self-confidence, the more does he need this refining service of the county society. The atmosphere of kindness, honor and mutual helpfulness is necessary for the best growth of the older practitioner, and such atmosphere is best created by a properly conducted county society. We can now sum up under eight heads the benefit of a county society to its members:

First, It increases the knowledge of med-

icine in written books, medical journals and society proceedings.

Second, It will broaden his knowledge of his fellow-doctors, and bring about the more kindly feeling.

Third, It will reveal himself to himself in many ways, and thereby substitute becoming modesty for arrogance and conceit.

Fourth, It is a crucible for refining his studies, his observations and his thinking, thus increasing his practical value.

Fifth, It aids in developing his power to teach his fellow-workers, his patients and the public, to think logically, write clearly, and to speak fluently and becomingly.

Sixth, It gives him a chance to work for all his fellow-practitioners, and thereby attain the largest individual growth.

Seventh, It creates an atmosphere of kindness, necessary for the older practitioner's richest life.

Eighth, It gives him a friendly alliance with youthful exuberance behind, and matured judgement before, essential for the rounding out of the most perfect professional life.

The value of the county medical society to the community may be expressed as follows:

To bring into one organization the physicians of the county, and by frequent meetings, full and frank interchange of ideas, to secure such intelligent unity and harmony in every phase of their labor as will elevate and enlighten the opinions of the profession in all scientific, legislative, public health, material and social affairs, to the end that it may receive that respect and support in its own ranks, as well as from the community, to which its honorable history of great and noble achievements entitle it.

If we have lived up to, and conscientiously carried out, this purpose of our organization, there can be no question but that the county medical society has been of great value to the community. But if, on the other hand, we have fallen short of this purpose in some respects, let us be-

gin anew and make up for lost time, so that we may earn and receive that support from the public, which we, as a society are entitled to and should have. Are we, and have we been, living up to the above standard and have we labored along all the various lines above named? Frequent meetings, no doubt, have been held, at which scientific medical questions have been discussed, but how much attention has been paid by the society to the legislative and social problems and matters pertaining to public health? Among the subjects that we can discuss, and throw the weight of our influence to is the support of the recommendations of our State Board of Health in all matters of legislative action, looking to such important things for the good of the public as general vaccination, steps for the prevention of the spread of venereal diseases, and tuberculosis; in large cities, for the supply of good milk, and the enforcement of the pure food law, and the supply of pure water; in fact, in any legislation that may be necessary to protect the public, to give our aid in influencing and moulding public opinion, by inviting the people to our meetings to hear the discussions when such subjects come up. In this way we can do more for our state than you dream of. Let us become teachers of the public, let us give them the courtesy and confidence that they deserve, tell them that which they should know relative to their physical condition, personal and public hygiene. Let us teach towns, cities and state how to conduct their affairs, so as to be healthful, strong and prosperous. In this way we can be of great benefit and a blessing to the community.

We have in a feeble way pointed out the value of the county society to the public and to the profession, Let us see now what is the obligation of a member to his society and to his brother members. Every physician should identify himself with the organized body of his profession in the community in which he lives. This is a

duty he owes, not only to himself and his patients, but to the whole profession. As a member he should never fail to attend the meetings of his society unless he is detained by an emergency case. When elected to an office, or put on a committee, he should regard it as a sacred trust given him by his fellow-members, and let nothing but serious illness in his own family prevent his being present at the meeting to fulfill this trust. When appointed or assigned to read a paper, never make himself conspicuously absent, or if there, make excuses for not having it prepared. Now none of us, at first, can prepare a paper such as we would like to do, but do your best and write something. "He who does his best, does well, acts nobly; angels could do no more." This is one of the greatest benefits derived from membership in a society. It teaches you confidence in yourself in writing and debating; and in a short time the dread is gone, you will feel that you have been benefitted, and besides have the satisfaction of having done a duty that you owe to yourself, your society and your fellow-members.

When things are not done at your meetings to suit your ideas, never criticise and try to get up discord, but remember that "united we stand and divided we fall." Use always your best efforts to bring into the society members of the profession who have not yet joined, thereby showing your interest and zeal in making your society the equal, if not the best, of any in the state.

Gentlemen, before closing I would beg to congratulate you in connection with a work I learn you have taken up, and one which I had intended to urge you to begin, as I believe with your present organization you can carry it to a successful end; namely, the erection of a hospital at your county seat. You have one of the largest and richest counties in the state, with a population fast growing, and becoming richer. With all this rich and fertile territory, with people above the average in intelligence and culture, and an abundance of wealth there should be a hospital for the care and

treatment of your sick. What is done with the patients requiring such treatment? They are transported, if possible, to some hospital close by, and if not possible, a surgeon is called from some other city to do the work that you can and should do. Now this is not as it should be, for many other cities in this state not your equals in either population or wealth, are forcing themselves to the front, and have or will have hospitals and sanitariums of their own. What effect does this lack of a provision on your part for such conveniences have upon the profession at home? Well, because you have had no hospital, you did not attempt much surgery; you neglect this part of your work, and turn it over to those who have these advantages, and of course more experience, and thus deprive yourselves of the most paying and best advertising part of your practice. The towns of your county are small and the amount of surgery is limited, but it seems to me that a small and well equipped hospital at a central point such as the city of Orangeburg, will be central and accessible to all the physicians of your county, and will enable each of you to care for his patients himself, instead of sending them away into other hands, thereby losing rich fees and your prestige with the laity. It will be an incentive to do your own surgical work. It will be a help, too, in advancing yourselves scientifically as well as financially. And let me say that the general practitioner, if he is as capable as he should be, with a little special study in surgery, and a short time spent occasionally at a post-graduate school of surgery, can do almost any work that any surgeon dare attempt. And his success will be better in proportion, because he knows the constitution of his patient, has his confidence, and can give him his personal attention, which means much. In fact we must be prepared to do the work that comes to our doors, or the patient will go where it can be done.

Shall we retain our prestige by doing

the work at home, and receiving the remuneration and the honor? Or shall it be parcelled out to various hospitals and specialists? You have answered this question by starting this movement. This society alone cannot build a hospital, but it should give this project its individual and earnest help and support. I believe that your field is large enough to justify such a scheme, and the effect will be an uplifting of the profession. Appeal to your city and towns, and to all charitably inclined, to churches and societies, and to the ladies especially. The county and towns should interest themselves as a good way to help their poor, and will no doubt provide part of the means.

Organization is all powerful in anything that we undertake, and you will find that your present organized body, if you go into it as a unit, will be of the greatest strength, and with it you can accomplish almost anything that you desire in reason. Look at the state and national associations and see what they have accomplished under organization. It was but a few years ago that our state association had but two or three hundred members. Now it has between seven and eight hundred. It had then only a small annual report, now it has its own monthly Journal, with sufficient means to pay the editorial staff and all expenses. The national association at that time, had only fifteen or twenty thousand members; now its membership is between sixty and seventy thousand. The national society owns its own property, with first class outfit for doing any printing, and valued at several hundred thousand dollars. Its meetings when I first attended in 1879, had an attendance of perhaps three or four hundred. At its meeting in Boston in 1906, it had an attendance of five or six thousand. The meeting at Atlantic City was also very large, and it would have made you feel proud in knowing that you were a part of the large body of intelligent men, a body that can accomplish almost anything that it desires.

In conclusion gentlemen, let me appeal to you again to attend regularly and religiously to these meetings as a duty to your society, and to "hold up the hands" of those who are guiding it. Let your courtesy, consideration and help to your fellow-members be ever your guiding star, and it will, in after years, be a source of happiness and comfort to you. The happiest recollections of my first years of practice are those of kindness and consideration shown me by those with whom I counceled, and I am sure we have only to become better acquainted to discover the many fine traits of character to be found among medical men everywhere.

Let us strive for a higher and more comprehensive professional ideal, worthy of men to whom are intrusted the health, life and honor of the people among whom we dwell.

GENERAL ANAESTHESIA AND THE ADMINISTRATION OF THE ANAESTHETIC.*

By EDMUND W. SIMONS, M. D.
Summerville, S. C.

An essay as defined by Webster, is "a composition treating of any particular subject; usually shorter and less methodical than a formal, finished treatise", hence taking advantage of this definition as essayist to-day, I will submit a paper brief and lacking the method and finish of those previously presented by many of the able and more experienced members of the association.

Anaesthesia means deprivation of sensation, paralysis of sensibility; it may be partial or general and is always symptomatic, or the result of the application of a general or local anaesthetic. Anaesthesia means, as used here, the production of partial or complete insensibility to pain pro-

duced by the inhalation or absorption of substances acting on the nervous system. It was known by the ancients, for Pliny alludes to the use of mandragora for the prevention of pain in surgical operations. Hoa-Tho, a Chinese physician of the third century, rendered his surgical patients insensible to pain by the use of hashhish. Shakespeare, in *Romeo and Juliet* and in *Hamlet*, alludes to anaesthetic draughts.

In 1800 Sir Humphrey Davy foreshadowed the probable inhalation of volatile anaesthetic agents when speaking of nitrous oxide being capable of destroying pain, he said it could probably be used to advantage in surgical cases "where no great effusion of blood takes place". Five years previous, in 1795, Richard Pearson used the inhalation of sulphuric ether for asthma but Dr. W. C. Long, of Jackson County, Georgia, in 1842, was the first to use ether and in fact any anaesthetic as used now, in a surgical operation. Dr. Horace Wells, a dentist of Hartford in 1844, and Dr. Morton, a dentist of Boston in 1846, used ether for the extraction of a tooth and later for surgical anaesthesia, and the latter attracted the attention of the profession to such a degree that his name is generally associated with the first use of anaesthesia in modern surgery. In 1847 Sir James Y. Simpson used ether in obstetrics and in the latter part of the same year called the attention of the profession to the value of chloroform in the same practice. The latter drug however was discovered by Guthrie, of Sackett's Harbor, New York, in 1831, but first used medicinally by Simpson in 1847.

In the north and north-east general anaesthesia means practically the use of ether, and the text books, written mostly by men of those sections, use the term etherize for anaesthetize, while with us to anaesthetize is to give chloroform.

Of course we all admit that of the two drugs ether is the safer, the deaths from chloroform being given as one in 3,200,

*Read before the Dorchester County Medical Society, April 1, 1907.

while in ether it is one in 16,000, quite a difference in favor of the latter. On the other hand we know that in warm climates, where a free circulation of air can be had, chloroform is safer than in cold temperatures; in military surgery, or wherever a number of cases must be handled, it is better because quicker and a larger number may receive attention than if ether were used; in nephritis, when a surgical case arises, for although chloroform is really more irritant to the kidneys, the amount required to anaesthetize is relatively so small that those organs are not affected (unless very prolonged anaesthesia is necessary). In cases of bronchitis ether is too irritating; in aneurism or other diseases of the blood-vessels chloroform is preferable, for the greater struggling caused by ether and its stimulation to circulation may produce rupture of already weakened vessels. In brain surgery ether by its greater tendency to cause vomiting may produce congestion of the meninges; in tracheotomy often haste is required, and additionally considering the irritation, chloroform is better. In children, under ten years of age, chloroform is preferable because ether causes a great flow of bronchial mucus which may asphyxiate, and, too, the first mentioned drug is quicker and there is so much less struggling. In obstetrics chloroform seems to be without danger, the reasons for its safety in these cases being stated: 1, Because less of the drug is used than in surgical cases; 2, the woman is not afraid of and begs for it; 3, slight cardiac hypertrophy which is produced during pregnancy may cause her to be immune; and 4, the severe and recurring pains of labor stimulate the vasomotor centre and thus combat the depression in this centre caused by the drug.

A. Jaquet reviews the contributions of various writers for the past twenty years on the subject of the relative merits of chloroform and ether and concludes that the modes of producing anaesthesia are the same by both drugs, but their secondary actions influence the organism very differ-

ently, which determines the use in different cases. Thus chloroform depresses the heart and respiration and lowers blood pressure, while ether only disturbs these functions when the toxic dose is exceeded. Nervous tissue, he says, is killed by exposure to diluted chloroform vapor, while ether vapor only causes transient functional paralyses. He finds the "workable area" is much more extensive with ether and there is less chance of accidents from an overdose, a prolonged anaesthesia is much better borne than one by chloroform.

Bevan and Favill of Chicago, in a paper entitled "Acid Intoxication, and Late Poisonous Effects of Anaesthetics", speak of "hepatic toxaemia, acute fatty degeneration of the liver following chloroform and ether anaesthesia" and cite numerous cases showing the after effects of chloroform anaesthesia especially, and come to the following conclusions: 1, Anaesthetics, especially chloroform (ether to a very limited degree) can produce a destructive effect on the cells of the liver and kidneys and on the muscle cells of the heart and other muscles, resulting in fatty degeneration and necrosis; 2, the constant and most important injury done, is that to the liver; 3, this injury to the liver cells is in direct proportion to the amount of the anaesthetic employed, and the length of the anaesthesia; 4, certain individuals seem to have an idiosyncrasy to this form of poisoning, difficult to explain." They mention as predisposing causes favoring hepatic toxaemia: age, the younger the greater susceptibility; any causes which lower the general vitality; exhaustion due to hemorrhage, starvation, or wasting diseases, such as cancer; or any lesions which have resulted in fatty degeneration, and of course chronic diseases involving both liver and kidney, as cirrhosis and nephritis. We are accustomed to think that if the patient has recovered from the immediate effects of the anaesthetic there are no further dangers, except pneumonia and nephritis, conditions readily recognized, and to ether we charge these troubles; but according to the

above writers chloroform, especially, often produces obscure poison effects, difficult to recognize and which terminate fatally. Ether enthusiasts quote Grossman's aphorism, "pulmonary affections following etherization are not the fault of the ether, but of the anaesthetist."

T. J. Strong on the other hand, after an experience with nearly 800 anaesthesias, a majority by chloroform, arrives at a different conclusion from Jaquet and says: "Agreeing with well known authorities, and from a personal experience long enough to establish facts, and in seeing its use thoroughly demonstrated, it is my firm opinion that, when used properly, never allowing the patient to reach the danger limit (which can be reached with ether), as well as keeping at all times complete control of oneself as well as the patient, using as little as is absolutely necessary, thoroughly understanding the physiologic effects, and ability to treat accidents or emergencies should they arise, chloroform anaesthesia is as easy to produce and maintain and is as safe as ether. The results are more satisfactory than by ether; it is quicker, easier to inhale, motor and sensory effects are complete, recovery more rapid. The after effects of ether are often very distressing, while the majority of patients, under this report at least, given chloroform were not nearly so depressed, and vomiting and nausea were eliminated in many."

I think from the experience of these operators, although they differ in their views, we must admit that chloroform has injurious after effects as well as ether, and that we should in addition to knowing the condition of the patient's heart and kidneys and liver if possible (which is more difficult) use only as much chloroform as is absolutely necessary, and where the operation is to be a prolonged one, discontinue the chloroform and keep up the anaesthesia with ether.

I do not believe as Jaquet claims, that post-anaesthetic paralyses are due to chloroform vapor, as the condition is generally

peripheral and not central in origin, and due to pressure of the arm on the edge of the operating table, or stretching the nerve by placing the patient in certain positions. Garrigues has shown that when the arm is drawn up to the side of the head, the brachial plexus (that old plexus which used to give us so much trouble in the dissecting room) may be compressed by the head of the humerus, or more often is squeezed between the clavicle and first rib, and too the median or ulnar nerve may be stretched where the arm is drawn backward and outward, when in external rotation, or when the fore-arm is flexed and supinated. Paralysis may result from cerebral hemorrhage, but ether would then be more of a factor in producing it by causing a rise in blood pressure.

Before considering the administration of the anaesthetic let us review the physiological effect of chloroform, which is our general anaesthetic. It affects the brain, then the sensory part of the cord, then the motor tract, then the sensory and finally motor part of the medulla. Among the various centres in the medulla is that of the vasomotor centre, which regulates the distribution of blood to the organs and tissues, and division of the chord at the lower border of the medulla is followed by dilation of the entire vascular system and consequently a great fall in blood pressure, while stimulation of the divided surface of cord causes contraction of the vessels and rise in blood pressure. Until the investigations of the Hyderabad Commissions it was taught that death from chloroform was due to sudden cardiac paralysis, from ether slow paralysis of respiration. The first commission under Lauder Brunton concluded that both drugs acted alike on the heart and respiration, first paralyzing the respiratory centre, chloroform being quicker and more powerful in both directions. A second commission under Sir Thomas Brunton, who believed that cardiac failure was the cause of death from chloroform, after investigation supported the views of the first

commission and concluded that death was due to respiratory failure. Hare in this country, and Gaskell and Shore in England, investigating at the same time, with the view of reconciling the conclusion of the two commissions and the views of others differing with the commissions as to the primary death from chloroform, decided that the primary action of chloroform on the vital functions of circulation and respiration is greatly to depress the vasomotor system, causing an extraordinary fall of blood pressure. We know that the great capillary area, with the veins relaxed, will hold many times the normal amount of blood and that salt solution greatly in excess of the normal quantity of blood may be passed into the vessels without raising the blood pressure, and it is therefore readily seen that with this great area suddenly thrown open by vascular relaxation the patient is practically bled to death, the vital organs being deprived of the necessary blood.

If the heart is diseased it may suddenly fail, probably from lack of nutrition, for while the primary effect of chloroform is vasomotor depression with the healthy heart, the latter organ is slightly depressed as all the vital functions are, and when diseased may fail. While respiration is also slightly depressed in a general way, its failure, which usually occurs while the heart still beats, is due to anaemia. The respiration, therefore, is a guide to the effects of the chloroform, for a disturbance of this function indicates that the arterial tension is being interfered with and the drug is being pushed too much. Formerly Chisholm and afterwards Howard Kelly and others, inverted the patient with compression of the false ribs and abdomen, forcing the blood back into the vital centres, thus saving life; while there are many reports of sudden death while the patient was half reclining or sitting up, the blood areas being wide open and these positions favoring anaemia of the vital centres in the chest.

Now as to the administration: The con-

dition of the heart, kidneys and liver, if possible, should be known. Alcoholics and robust persons are bad subjects, because in their struggles they are apt to inhale too rapidly at first. Females are better subjects than males (given as 6 to 1) because they are more susceptible to drugs generally, more temperate, more courageous in sickness, and more willing to do what is required of them. I think it good practice, as Hare recommends, to give a hypodermic of atropine and in feeble patients bandage the lower extremities, and thus counteract the depressing effects of chloroform on the vasomotor centre, pushing all the blood possible to the vital parts. Keep the patient recumbent, head low, administer slowly, holding the inhaler away from the face at first, gradually bringing it down over the face. If patient struggles or vomits in first stage, withdraw anaesthetic for a moment, for the vapor is too strong. Push the lower jaw forward and head back to prevent mechanical obstruction to the respiration. To assist in regular breathing and permit anaesthetist to notice the respiration, everything over the chest, neck and abdomen must be loose and the patient at first instructed to blow into the inhaler. When the patient becomes anaesthetized give just enough of the drug to keep him so. If vomiting occurs in this stage give more chloroform to abolish the reflexes. Deep breathing, sighing and constant swallowing indicates that more of the anaesthetic is required. Above all things watch the respiration and let the pulse go, for in gradual cardiac failure the respiration is first affected; and even in sudden failure, while respiration will not show anything, neither will the pulse, for it is well known that the vasomotor depression will cause the pulse to be almost imperceptible at the wrist, when the ear at the chest will indicate the heart is all right. In threatened syncope lower the head and inject strychnine hypodermically. If patient does not respond suspend anaesthetic, resort to artificial respiration, inject ether

and brandy, and if immediate improvement does not occur, invert patient, compress the abdomen and floating ribs, apply external heat, give atropine hypodermically and adrenalin chloride, a 1:1000 solution (one drachm to sixteen ounces of hot salt solution) by hypodermoclysis, or intravenously, the former (atropine) stimulating the vasomotor centre, the latter to stimulate the muscular coats of the blood vessels to contraction.

The after effects of anaesthesia are sometimes troublesome, such as vomiting, which is distressing on account of the empty stomach. It is the custom to withhold water for sometime, fearing that it will excite vomiting, but vomiting is I believe a conservative process on the part of the economy to rid itself of the drug, for while elimination takes place chiefly by the lungs and kidneys, and in the case of chloroform is very rapid, Gelpke examined the vomitus in 22 cases of chloroform anaesthesia lasting from 20 minutes to one hour, and always found positive evidence of the presence of the drug. He believes vomiting is an important route for elimination, and he promotes it by causing his patients to drink plentifully of camomile tea, and finds the discomfort is shorter and much less when vomiting is free and unchecked. Others have practiced washing out the stomach, using $2\frac{1}{2}$ to 3 gallons of water, after ether and have found that vomiting was practically prevented. William Mazyck, of Charleston, lavaged the stomach after the anaesthetic. Water in the stomach makes the vomiting easier by giving the walls something to press on, and if the remote after effects of prolonged chloroform anaesthesia are as serious as Bevan and Favill seem to have proved as possible, at least, it is well to use any means which may assist the lungs and kidneys in the rapid elimination of the drug.

ALKALOMETRY*.

By RIDDICK ACKERMAN, M. D.,
Walterboro, S. C.

Alkalometry, or dosimetry, had its origin in France, and special institutions and societies have been established there to advance this method of medication. So we are indebted to our French brethren for this most definite system of practice. In this country we have no schools and colleges where this special method of medication is taught, and its use has developed strictly within the lines of regular medicine. Of course, a few pioneers have done the most towards its introduction, and when the alkaloids receive the appreciation they deserve, the memories of these benefactors will be handed down as the noblest of the age in which they lived. The wonderful possibilities of alkalometry cannot be overestimated.

At present, most of our fellow practitioners are tugging along under a burden of uncertain galenical preparations, while those who have availed themselves of the alkaloidal system of medication, replace the former's gallons of fluid extracts, tinctures, etc., by a small pocket case filled with definite quantities of definite drugs, which are prescribed with assured success.

It is only by alkaloidal medication that the true physiological action of a certain drug can be ascertained. How many of us have prescribed a galenical preparation with the same unvaried results? Why prescribe a doubtful fluid or extract or tincture of belladonna when atropine, its chief alkaloid, gives its true physiological effect with certainty. No modern physician depends on a tincture or fluid extract of belladonna in eye diseases nowadays, but resorts to the certain and non-irritating atropine, or its congeners. How decided is the local anaesthetic effect of cocaine, while the crude preparations of

*Read before Colleton County Medical Society, Sept., 1907.

coca from which it is derived are practically useless. How much more elegant is the use of ten grains of quinine than, to accomplish the same effect, the consumption of the whole ounce of cinchona bark!

The crude products are rapidly being replaced. Fourteen distinct alkaloids are known each of which has a selective action on the human economy, some, though derived from the same natural drugs, being entirely antagonistic to each other. Then there is another side to the galenicals. If they contain alkaloids that are antagonistic, who knows which predominates in a certain fluid extract, or tincture? Take fluid extract of jaborandi or pilocarpus, for instance. If we want the sweating, relaxing effect of pilocarpine, and its antagonist jaborine is present in the extract in excessive quantity, we get a suppressed secretion instead. Hyoscyamus, or henbane, contains two most powerful alkaloids—hyoscyamine and hyoscine. The former tends to make a patient under its influence wakeful, while hyoscine produces the most powerful hypnotic effect of any agent known. Therefore it is readily understood why an ideal effect cannot be produced by any crude product of this drug. The combination "hyoscine-morphine-cactin comp." was freely discussed at our last meeting and the extent of its usefulness is yet only partially known. Still in its infancy, as it were, this compound may be considered one of the greatest, if not the greatest, triumphs of alkalometry to date.

To the alkalometrist is due the only possibility of successful hypodermatic medication. Without the use of the alkaloid the hypodermatic syringe would long ago have been in disrepute, but as it stands, the average physician feels at a loss without the ready means of combating emergencies. Given a patient supposedly ill with acute indigestion and suffering intense agony. A member of the old school arrives on the scene, administers a full dose of ipecac, lobelia, or other emetic of the crude order, and knows not what to expect of the remedy

himself. Emetine may be in that ipecac, or lobelin in that lobelia, but only time will tell. He has done what any of his colleagues would do, and with all due respect to him I venture to say that he has treated that patient to the best of his knowledge. But by chance an alkalometrist, or I may say a modern physician, as all modern physicians are alkalometrists to a certain extent, reaches the bedside, with a confident air, gives a hypo of apomorphia, calls for a receptacle, and within five minutes beholds with certainty what manner of foods that humble stomach has had to receive.

I state without hesitancy, that were there no alkaloids in existence to-day, a great number of our medical brethren would be pessimists and drug nihilists. The certainty and reliability of the active principles inspire a feeling of confidence in the physician as well as the patient. Many of them can be prescribed with such certainty of action that even the patient can determine when the real physiological effect of the drug has been produced.

The most painstaking, conscientious druggist cannot always furnish a reliable crude drug preparation, as the medicinal activity of the plants vary with the climate, season, and soil producing them: the time and manner of their collection and preservation. For instance, digitalis is most active in the wild English plant and the leaves of the second year's growth. The cultivated American plant is said to be inert. Cannabis indica is potent when grown in India but useless in Europe. These are not exceptions, as almost all drug plants are subject to the same variations. All plants deteriorate with age and should be thrown away after a certain length of time. Some plants of first quality have shown a variation of 1-56 in alkaloidal strength.

Most reliable pharmaceutical houses specify the amount of alkaloids contained in a certain quantity of a preparation, the remedy acknowledging or determining the

fact that the strength of the given product depends solely upon the active principle and not the resinous and other extractive materials. The alkaloids of many plants have not yet been isolated and the energetic alkalometrist has a wide field open for research. Yet it is safe to predict that in less than half a century drug medication will be limited to the use of the active principles entirely, while such indispensable remedies as calomel and castor oil will actively follow their course through the regular channels.

Then let us not associate alkalometry with fanaticism or commercialism simply because its chief promoters at present are those who own stock in the alkaloidal companies. We are at liberty to ignore these corporations, if desired, and obtain the goods from whomever we please. The most of the alkaloids may be had in bulk from certain chemical laboratories, such as Merck's.

Now, I would not have any of you believe that I have no faith in galenicals as I prescribe them frequently with good results. Still it is better to get accustomed to a certain line of products and specify them on prescription unless the line of drugs stocked by your local druggist is already known. The crude drugs vary so so much in alkaloidal strength that it is difficult, if not impossible, for two distinct drug houses to make a similar product, say fluid extract, of the same potency. A teaspoonful of fluid extract ipecac has been known to have absolutely no effect even on a child, when it should require only M. 5-30 of a good preparation to produce a positive emetic action. So alkalometry eliminates doubt and insures positive effect by accurate dosage.

I feel that this paper is being addressed to an organization of physicians educated to think for themselves, who no doubt have already realized the full value of alkaloidal medication, but I assume that a good true story cannot be rehearsed too often. In conclusion let us as broadminded, pro-

gressive physicians, strive to advance every possible means which tends to place our vocation on a higher plane of usefulness of suffering humanity. If alkalometry, homeopathy, or even osteopathy, seems to meet the demand, let the veil of prejudice and partiality be removed, and a helping hand be extended kind Nature in the restoration of diseased, stricken fellow-beings to a state of health, happiness and prosperity.

GONORRHOEA.

By JAMES BURKE, M. D.
Manitowoc, Wis.

The gonococcus is a microscopic, usually dumb-bell shaped plant entity. Of its natural habitat, I know nothing. It thrives in the genital tract of unphysiologic human beings. Its manifestations are numerous in the way of physical disturbance of the affected persons. The plant is most easily produced in the laboratory by using withdrawn blood serum as a culture medium. Under favorable conditions of growth in the human being it often invades the meninges of the brain and spinal cord; the synovial membrane of joints; the pleural membrane, and the pericardium.

A chemical or physical traumatism is responsible for the implantation of the entity in the blood and fluids of the susceptible individual. It is superfluous to say that the blood and fluids, and consequently the tissues, of people who are exposed to this kind of infection, are normal. If a fresh tenderfoot invades the environs of sexual vice in comparatively good health, the polluted female with whom he comes in contact, can abundantly furnish the seed of infection; the nitrogenous poisons, capable of furnishing the factor of chemical traumatism; and the vitiated ardor of the fellow, who is usually abnormally stimulated by the use of alcoholics, will usually supply the physical agency of traumatism.

The lack of scientific fundamentals of sexual hygiene is responsible for the numerous secondary complications of a gonorrhoea.

Governments of Europe have assumed the urgent duty of enlightening the people on matters pertaining to sexual health, with some success. It is a function the state, in cooperation with the churches and schools, should assume in this country.

It has been found that traumatized blood serum immediately becomes a good culture medium for the growth of this microscopic plant. If the culture medium has been fertilized by the addition to the blood and fluids of the body, of leucomains and other toxins, through unphysiologic living, previous to infection, matters are more complicated; the nutrition of the tissues is already below par; and the tissues thereby are disposed to yield up their integrity, by parting with some of their component, simpler units to fertilize the growth of the invading organism.

The virility of the growth depends on the ease with which the tissues and blood give up the elements which enter into the successful reproduction of the gonococcus. The cycle of growth is rapidly run, and as rapidly succeeded by other cycles, as long as the pabulum holds out.

The by-product of the protoplasm of the worked out cycles of the plant yields an alkaloidal substance, which experience has taught us is an affinitive cognate of hydros-tine. Dilute solutions of hydrastine, under proper conditions, when injected into the washed out urethral canal, chemically com-

bine with the alkaloidal debris of the used up microscopic plant growth lodged in the interstices of the urethral mucous membrane. The chemical union renders both alkaloidal substances inert in the canal.

Hence it is obvious that if the infected person employs a doctor early in the first stage, the procedure is simple, if the patient is as susceptible to reform as he was to pollution. This is the crux of the matter of successfully treating gonorrhoea. His eliminative organs should be stimulated by neutralizing the toxins in his blood and fluids by giving affinitive congeners, derived from the vegetable kingdom. A proteid toxin must have its affinities satisfied by chemically combining with a cognate entity before it can be accepted by an excretory organ for further elaboration, to complete the excretory process. Calcium sulphide, during the first week of the disease, has clinically proved to be a deterrent force on the growth of the gonococcus.. We know that this drug is the best universal systemic antiseptic that we possess. One-half grain, eight to fourteen times a day can be counted on as a specific. But the whole man must be sized up and his deficiencies supplied. The complications of gonorrhoea are very troublesome to treat and always require the best efforts of the good physiologist; but more especially the good therapist. To be ideal all such patients should be confined under strict surveillance till cured

County Societies.

AIKEN.

The regular monthly meeting of the Aiken County Medical Society was held in Aiken, Jan. 6th. The meeting was a very interesting one and a goodly number of the doctors of the county were present.

Election of Officers.

The officers for the year were elected as follows: President, Dr. A. Holsonbake, of Graniteville. Vice president, Dr. C. A. Teague, Graniteville. Secretary and treasurer, Dr. Harry H. Wyman Aiken.

Board of Censors—Drs. T. A. Quattlebaum, W. A. Whitlock and H. J. Ray.

Scientific Committee—Drs. Moore and H. H. Wyman, Jr.

Dr. A. A. Walden, of North Augusta, read an excellent paper on "Incipient Consumption," followed by an interesting discussion.

Dr. C. F. McGahan extended to the Society a cordial invitation to hold its February meeting in the Parlors of the Aiken Cottages, and to dine as his guests at the Park in the Pines. The invitation was accepted.

Nurses' Fees High Enough.

A resolution was passed by the doctors condemning the action of the trained nurses in charging \$25 per week for services, and against permitting their patients from being charged such an exorbitant price, and instead fixing \$21 per week as the maximum charge.

After the business meeting a delicious dinner was served the members of the Society present, which was greatly enjoyed. The dinners of the Society are always the social features.

ANDERSON.

The Anderson County Medical Society held its regularly monthly meeting on January sixth, at 2.30 p.m. Fifteen doctors were present. Scarlet fever was the subject for study. Five short papers had been promised, as follows: Diagnosis, by B. A. Henry; etiology, and prophylaxis, by Dr. W. F. Ashmore; differential diagnosis, by Dr. J. B. Townsend; complications, by Dr. R. G. Witherspoon; treatment of scarlet fever and its complications, by Dr. J. O. Wilhite. Three of these reported and gave us interesting papers. The subject was then discussed at some length, most of the remarks relating to prophylaxis and treatment. Though no statistics were compiled it would appear from reports that the mortality during the recent epidemic was small. All deaths reported with one or two exceptions were due to nephritis.

Efficiency of Disinfection.

The Chairman of the City Board of health, Dr. J. O. Wilhite, reported that a second case had never occurred in a house where the health officer had disinfected.

Dr. W. H. Nardin, Jr., the newly elected President, then made some good suggestions for the good of the society. Among other things he recommended: First, that the society meet oftener, at least twice each month. (A motion to this effect, in the form of an amendment was passed and will be voted upon at the February meeting.) Second; that every man make a desperate effort to attend every meeting. Third, that the society think long and seriously about the matter of fees and then establish a fee bill and stick to it.

The Chair appointed the Legislative Committee; Dr. R. L. Saunders, Anderson S. C., Dr. W. R. Haynie, Belton, S. C., Dr. J. N. Land, Starr, S. C. as chairman.

Fine Business.

The needed amendments in the medical practice act were then discussed. On motion the Secretary was appointed to prepare a circular letter and send scopies (six) to each member of the Society with the urgent request that he sign them and send a copy to each Legislator from this county. (This has been done and a good number of the letters were at once sent to the representatives).

Dr. J. S. Townsend was elected by the Society to read a paper before the Fourth District Medical Society.

The Chair announced that "Pneumonia" would be the subject for the next meeting. Five short papers have been asked for.

Society adjourned to meet in February—J. R. Young, M. D., Sec'y.

CHARLESTON

At a recent meeting of the South Carolina Medical Society, a committee, consisting of Drs. Robert Wilson, Grange Simons and J. L. Dawson was appointed to formulate plans to bring to the attention of the public the meeting of the International Association for the study and Prevention of Tuberculosis to the end that Charleston and the State may be represented at the great congress at Washington next October.

It is proposed to take the matter up actively with the City Council of Charleston, board of health, school authorities, civics clubs and others interested in checking the spread of the great white plague, and the work which will be done in Charleston in interesting the medical profession and laymen generally will also be done by the various medical societies through South Carolina according to the program of the doctors, to

the end that South Carolina will be properly represented.

The congress of the leading medical men, who have devoted special attention to the study of tuberculosis, will be popularized by this proposed lay delegate representation and every effort is being put forth to have as large and representative a meeting as possible at Washington. Not only will the leading physicians, skilled in the treatment of tuberculosis be present from all nations at the congress, but it is proposed to give the convention much of a practical turn by having a demonstration of the means, apparatus, etc., to be used in the study and treatment of the dread disease. The congress is to be made interesting and instructive to the physicians and laymen alike, and it is urged that the attendance should be large.

Dr. John L. Dawson is one of four physicians in South Carolina who are members of the national association, and he is now actively promoting the representation of this city and State at the Washington meeting and particularly endeavoring to awaken sufficient interest in the matter that a State chapter may be organized. In his efforts Dr. Dawson is receiving the assistance of Dr. Robert Wilson, of Charleston, Dr. McGahan, of Aiken, and Dr. Williams of Columbia.

Dr. Dawson recently delivered an able and instructive lecture on the subject of the treatment and prevention of tuberculosis at Greenville, under the auspices of the medical association of that city, and he has been invited to speak on the same subject at Camden and Bishopville, and he has consented to do so.

CLARENDON.

The Clarendon County Medical Association held its annual meeting in Manning, Dec. 19th, with Vice president Dr. W. M. Brockinton in the chair and Dr. Charles B. Geiger acting as secretary. Dr. C. E. Gamble, of Turbeville, and Dr. W. L. Nettles, of Foreston, were elected to membership. All the physicians in the county except one or two are now members of the Association.

On motion, Dr. A. S. Todd, of Manning, Dr. W. M. Mood, of Summerton, and Dr. I. M. Woods, of Sardinia, were appointed a committee to draft an amendment to the by-laws in regard to business methods of the profession and to report at the next quarterly meeting.

Election of Officers.

The following officers were elected for the ensuing year: President, Dr. A. S. Todd; vice-president, Dr. G. L. Dickson; secretary and treasurer, Dr. C. B. Geiger. Delegate to the State Medical Association, Dr. W. H. Woods; alternate Dr. W. M. Brockinton.

After a general discussion of matters of interest

to the profession the Association adjourned to partake of an elegant lunch at the Hotel Central, which was served as a compliment from the Manning physicians.

DORCHESTER.

The Dorchester County Medical Society held its first meeting of the new year in Summerville Jan. 6th, at 8 p. m., the out-of-town members who attended coming in on the 7.55 P. M. train and returning to their various homes in Ridgeville, St. George, etc., on the train passing Summerville at midnight. Due to various causes the meeting was not nearly so well attended as was either hoped or expected, about one half of the physicians from St. George being absent and none of the three physicians of Charleston who were invited to attend having been able, on account of various engagements, to accept the invitation.

The meeting of the Society took place in one of the rooms at the Dorchester Inn and in the absence of the president was called to order by the vice president, Dr. A. R. Johnson. The following members of the Society answered the roll call: Drs. A. R. Johnston, Carl Johnston and J. B. Johnston, of St. George; Dr. G. A. T. Johnston, of Ridgeville, and Drs. E. W. Simmons, Elias D. Tupper, F. Julian Carroll and H. B. Lee, of Summerville. The only member of the profession among the invited guests was Dr. A. H. Hayden.

Feasts.

The essayist of the evening was Dr. F. Julian Carroll, who read an interesting and instructive paper.

After the meeting adjourned those present were invited into the dining room of the Inn, where the physicians and their invited guests, among whom were Mr. Legare Walker and Mr. Brawley Miles, enjoyed a delightful collation, which had been arranged for by the local members of the Society.

This meeting of the Dorchester County Medical Society will long be remembered by both members and their guests as one of the pleasantest and most enjoyable in its history.

GREENVILLE.

The Greenville County Medical Society held its regular meeting Jan. 6th. Vice-President Richardson called the meeting to order. The minutes of the previous meeting were read and approved. After which, president Jervey having arrived and assumed the chair, called for the reading of papers, there being no clinical cases to report. The first and only paper read on this occasion was on erysipelas, by Dr. G. T. Swandale. The paper was a splendid treatment of the subject, being concise and to the point and greatly enjoyed by all present. After the discussion

of Dr. Swandale's paper the Society turned to the transaction of business. The first item was the election into membership of the Society of Drs. T. R. League and C. A. Simpson, both having been recommended by the board of censors.

A motion was made and carried that the chair appoint a committee to devise ways and means for the organization in Greenville County of an anti-tuberculosis league, the same to be a component part of the anti-tuberculosis League of South Carolina. The following compose the committee: Drs. L. C. Stephens, E. W. Carpenter, and H. L. Shaw.

On Co-operation.

At this point Dr. Jervey, referring to the request made in a recent issue of the Journal of the South Carolina Medical Association, that the physicians throughout the state write a personal letter to the legislators of their respective counties urging their support of the Practice Act Amendments to be offered at the coming session of the legislature, stated that he wished to take a hand primary of the members present so as to see who had complied with the request. The result was most discouraging indeed. Dr. Jervey then made a most earnest appeal that every physician who had not done so write these letters at once, as the most vital interests of the profession and the people depended on their doing so, and the passage of the amendments. Thereupon the following motion was made and carried: that this Society as a united body, earnestly prays the support of the legislators of Greenville County, for the proposed Practice Act amendments and that information of this action of the society be conveyed to said legislators by the secretary.

Elected Honorary Member.

On motion of Dr. Shaw a committee, consisting of Drs. Shaw, Burnett and Smith, was appointed to write a letter to Dr. G. H. Bottum (now in El Paso) expressing the society's earnest regard and deepest sympathy at the news of his decline in health forcing him to leave Greenville. On vote Dr. Bottum was then elected an honorary member of the society, and the secretary instructed to inform him of this election.

Miscellaneous Business.

A motion was carried that the chair appoint a committee to formulate a resolution petitioning the legislature of this state to change the medical laws that physicians only may hold the position of health official in any city, town or county of that state. The following compose that committee: Drs. Burnett, Hendrix and Stroud.

At the request of the President, for information

of members, Dr. W. L. Mauldin was asked to investigate the law as it refers to the 'Five Year Clause' of the Practice Act, and to report same at the next regular meeting.

Dr. C. W. Gentry was appointed essayist to represent the society at the meeting of the Fourth District Medical Association to be held at Anderson Jan. 27th.

Good for Goodlett!

Dr. B. F. Goodlett made an appeal to the doctors to aid the Journal in getting advertising, simply by requesting the representatives of drug houses to have their firms place an advertisement in our official organ before asking our patronage. He cited a case.

On motion the secretary was requested to read at each meeting of the society, a paragraph or two from the Principles of Medical Ethics. In this way the members hope to become more familiar with their little guide to professional fellowship.

Next Program.

The following is the program for Feb. 3rd:

1st, Dr. Wm. Weston, of Columbia, on "Uncin-
ariasis",

2nd, a paper on "Pyemia" by Dr. W. H. Delk.
Leader of discussion, Dr. W. C. Black.

Attendance.

The attendance at this meeting was good, but it could have been better. The secretary noted the following names: Drs. Black, Burnett, Carpenter, Delk, Earle, J. B., Earle, C. B., Gentry, Goodlett, Houston, Jervey, Martin, Mauldin, W. L., Orr, Richardson, Shaw, Smith, Stevens, Stroud, Swandale, Ware, White, and Dr. Miller, visitor.

President Jervey treated the members to fine cigars after the meeting. More than half the box were left. By request these are to be smoked at the next meeting, so be on hand, they smell fine.

LEE.

At the annual meeting of the Lee County Medical Society the following officers were elected:

President, Dr. B. L. Harris;
Vice-president, Dr. I. H. McCutcheon;
Secretary-treasurer, Dr. L. H. Jennings;
Delegate, Dr. C. W. Harris.

Dawson and Baker on Tuberculosis.

At our regular meeting in January Dr. John L. Dawson, of Charleston, delivered a very interesting and instructive lecture on "Tuberculosis" to the public in the opera house.

Dr. S. C. Baker, of Sumter, also read a very interesting paper on the same subject—L. H. Jennings, M. D. Secretary.

LEXINGTON.

The annual meeting of the Lexington County Medical association was held in Lexington, Jan. 6th. There was a good attendance.

Dr. T. G. Croft of Aiken read an interesting paper.

Election of Officers.

The officers for the coming year were elected as follows:

President, Dr. J. William Geiger; vice president, Dr. R. H. Timmerman of Batesburg; secretary and treasurer, Dr. J. J. Wingard.

After the meeting the doctors were tendered a banquet by Dr. Wingard.

MARION.

The Marion County Medical association held a special meeting in Dillon on Jan 10. Papers were read by Dr. Frank McLeod of Florence and Dr. J. L. Napier of Blenheim. The visitors were entertained at a smoker.

ORANGEBURG.

The Orangeburg County Medical Association held its annual meeting in Orangeburg, Dec. 17th, with many doctors of the city and county in attendance. The president being absent, Dr. A. S. Hydrick presided, and the meeting was characterized by great enthusiasm and interest on the part of the members. Dr. W. H. Lawton, of Vance, read a very instructive paper and a general discussion of matters affecting the medical profession was had.

After the business session the doctors enjoyed a splendid dinner, which had been looked forward to since the last meeting of the Association. All of the old officers were re-elected and are: Dr. Wm. L. Pou, of St Matthews' president; Dr. A. S. Hydrick, of this city, vice president; Dr. L. C. Shecut, of this city, secretary and treasurer.

The Association's affairs are in excellent shape and nearly every physician in this county is a member.

SPARTANBURG.

The annual meeting of the Spartanburg County Medical Society was held in the Y. M. C. A. Hall, Friday, December 20th. The following members were present: Drs. J. H. Allen, H. R. Black, J. R. Brown, W. J. Chapman, W. H. Chapman, W. P. Coan, A. D. Cudd, L. Rosa H. Gantt, A. R. Fike, J. L. Jefferies, W. L. Kirkpatrick, D. R. Norman, W. G. Sexton, J. W. Wilson, J. F. Williams, and J. O. Vernon. The minutes of our previous meeting were read and approved.

A clinical case presented by Dr. Brown; a youth with marked anaemia. It was suggested

that he make a careful examination for the ova of the hook-worm.

A case of hemi-plegia following gunshot wound penetrating the brain was presented by Dr. Coan.

Dr. Potts read a very interesting paper on Acute Gastritis, this paper will be forwarded to the editor of the Journal for publication.

Will Give Public Lectures.

The committee in reference to communication from the South Carolina Anti-tuberculosis League made its report, which was in the nature of a recommendation to the society, and is as follows: That the Spartanburg County Medical society arrange at an early date as possible one or more public lectures upon appropriate subjects, such as the suppression of tuberculosis, typhoid fever, small pox, and other infectious diseases.

The treasurer and secretary then made their reports, the treasurer reporting a neat little balance on hand.

From the secretary's report the following is taken: During the year the Society has met regularly each month, twelve times, and one special meeting. Three names have been added to our membership, one member moving to another county withdrew, making a gain of two members. Total membership 49.

The election of officers resulted as follows:

For President, Dr. J. L. Jefferies;

V. President, Dr. S. T. D. Lancaster;

Secretary, Dr. W. G. Sexton;

Treasurer, Dr. W. H. Chapman;

Delegates, Dr. J. F. Williams, and Dr. J. M. Lanham.

Censors, Dr. W. L. Kirkpatrick, for three years; Dr. J. H. Allen, for two years.

SUMTER.

The regular meeting of the Sumter County Medical Association was held at Hotel Sumter, December fifth, 1907. The following physicians were present: Drs. F. M. Dwight, N. M. Parker, H. M. Stuckey, S. C. Baker, Walter Cheyne, Archie China and F. K. Holman. Election of officers: H. M. Stuckey, president; Archie China, vice pres., and F. K. Holman, secretary.

Dr. Baker appeared as councillor from the seventh district, and after listening to practical suggestions, it was decided to have a subject for each month for discussion. For January, Tumors

The Cheyne Curette.

An instructive and interesting paper was read By Dr. Walter Cheyne on the "Limitations of Curettement," in which paper he suggests the making of a curette on the plan of a safety razor, cylindrical, and with a diameter of not over half an inch. Almost every member took part in the

discussion of the paper, and many interesting and practical points were advanced.—F. K. Holman, M. D., Sec'y.

Address of Dr. Dwight.

Mr. President and Gentlemen:—A preacher once said to his congregation that he would preach from the same text every Sunday until they did as he advised them. I never believe in giving up the pursuit of a good thing until the result aimed at is accomplished, and my subject tonight is one of perpetual pursuit. So, gentlemen, I will speak to you this evening for a few moments on the subject of supporting medical societies and the elevation of the medical profession and its members.

On May 8, 1891 the physicians of Sumter County met in the Bank of Sumter and organized the Sumter County Medical Association. For years our association flourished. Since its organization many of our most prominent members have passed over the river and are now resting under the shade of the trees. There is a peculiar sadness in the death of the one, who since our last meeting has passed to the great beyond. Dr. Bossard was our first and greatest president. He was always loyal to this association and contributed more towards its support and upbuilding than any other member. To you who came amongst us of recent years I would say that you missed the best of this association's meetings, but we take hope that you will fill the places of the ones who are with us no more. It is with extreme regret that our association is not as flourishing as it once was, but, gentlemen, we must not allow that to hinder us in our work. It is not only important but necessary that we should keep up this organization. No organization is kept up without great effort and work on the part of a few members and we must realize that those honored ones who are no longer with us in person are with us in our memories and nothing would please them better than to know that we are keeping up this organized association. They left to us in trust the charter and records of this association and it is our duty to hold them steadfastly as long as we live, or until infirmities incapacitate us, and then hand them on to the rising generations and even those yet unborn, until time unforeseen. It is not an easy task, gentlemen, to perform one's duty at all times, but it is duty, nevertheless, and should be performed. I feel keenly my shortcomings and realize fully that I have only contributed my presence and good wishes towards the support of our association, but gentlemen, you who are endowed with more talents than we who are less fortunate, are expected to come boldly to the front and give to the medical world the benefits of your knowledge and keep green this association made hon-

orable by its associates, and help its feeble ones to climb to the top rank of high-standing and integrity, if not of knowledge. Let each and every one of us place ourselves always on record as supporting the highest and purest principles of our noble profession, for it is indeed a noble profession, but he who reduces it to a trade is not worthy the footman that lets him in the door.

Let us turn for a moment to our State Medical Association. Seventeen years ago, even before this association had its origin, when I first became a member of that organization I was told by some of the oldest members what a struggle they had had and were still having to keep up that important institution. Gentlemen, it is very necessary that it should be kept up. The medical profession is as necessary in South Carolina as its civil government or anything else, and it becomes the duty of its members to see to it that its standing is high and that the members of every other calling in life can look upon the medical profession of this state with pride. Let us adhere as strictly to the adopted code of ethics as possible, and see to it that our brothers and neighbors do the same. I am fully persuaded, gentlemen, that as a rule physicians are honorable men, but in unity there is strength and a thorough organization of honorable men makes that organization necessarily honorable, and the more thorough the organization the better able we are to keep out those who are not up to the requirement.

In my humble judgment, gentlemen, nothing helped us to win out in the fight with the insurance companies more than our stand taken in a dignified but firm manner for a just compensation for a high class of services rendered. It is not expected that the public will put a higher valuation on a person's work than he puts upon it himself. The life insurance companies realized that they were fighting the very class of physicians that they needed to do their work. They need not only the best equipped physicians in their profession but men of conscience and of character. How can a physician who has a conscience look at a specimen of urine and write what the specific gravity is and whether or not it contains albumen or sugar any more than he can expect to get pay from an individual for a visit that he has never made? Now, gentlemen, I have written down hurriedly this short address if you may call it an address at all, just before we meet, not even having time to copy it, but before closing I wish to thank you for your consideration in again having me to serve as your president, and again renew my promise to stand at all times and under all circumstances by the medical profession and all of its honorable organizations. Again, gentlemen, I thank you.

IN MEMORIAM.

To all Those
County Medical Society Secretaries
Melancholy Martyrs
Who, Supine, Unmindful
Listlessly Disdainful of the Slings and Arrows
Pitilessly hurled and Heavily upon Them
In Oft Impassioned Effort to Incense and Sting them
Into at Least a Semblance of Activity
That through Their Journal They Might Show the world
The Value of Their Own and all Their Colleagues' Lives
DO YET SLEEP ON
This page of Mourning is Inscribed
Thus soon for Such Torpescent Lethargy Can be
But the Immediate Precursor of Dissolution and Decay
While After the Cold Hand of Death
Hath Really Claimed Its Own
This Waking World
Of Vigor, Zeal, and All Undaunted Spirit
Hath Little Time for Undeserved Compassionings.

Personal.

Dr. F. E. Harrison, of Abbeville, has been appointed as an additional member of the Committee on Legislation of the State Association. The other members are Drs. C. W. Kollock, of Charleston, J. H. McIntosh, of Columbia, and C. B. Earle, of Greenville.

Dr. G. H. Bottum has given up his practice in Greenville, and has gone to El Paso, Tex., for the benefit of his health.

The many friends and former pupils of Dr. J. S. Buist, of Charleston, will be glad to know he is recovering from a recent stroke of paralysis.

Dr. E. O. Jenkins, formerly of Troy, has removed to Nashville, Tenn.

Dr. John L. Dawson, of Charleston, recently gave his public lecture on Tuberculosis in Bishopville, on the invitation of the Lee County Medical Society. He has accepted an invitation from the Kershaw County Society to give this now famous lecture in Camden at an early date.

Dr. F. A. Coward, of Columbia, has recently visited Atlanta, Ga., for the purpose of making inspection of the dairy and abattoir regulations of that city. His information gathered will be used for the improvement of local conditions.

Dr. B. C. Moore, of Ruby, expects soon to remove to the new town of Pageland.

Dr. G. D. Heath, formerly of Chester, stationed now in Washington, D. C. with the medical department of the U. S. Army, recently spent several days at home with his father's family.

Dr. James S. Fox, of Batesburg, has accepted a position as resident physician at the St. Francis Xavier Infirmary in Charleston.

Dr. B. L. Allen, of Johnston, was married to Miss Myrtle Coleman, of Laurens, at the home of the bride, on Dec. 19, 1907.

Dr. Cephus C. Hill, who has been located at Lumber, has removed to Darlington for the practice of medicine.

Dr. R. S. Cathcart, of Charleston, was among those to attend the Southern Surgical and Gynecological Association meeting in New Orleans in December.

Dr. T. C. Doyle, of Orangeburg, was married in Washington in December to Mrs. Samuel E. Hedges, nee Emily L. Hasty. Dr. and Mrs. Doyle are now at home in Orangeburg.

News and Miscellany.

BOARD OF HEALTH INSPECTS WINTHROP.

Dr. W. J. Burdell, chairman of the committee on sanitary inspection of schools of the South Carolina State board of health, went to Winthrop on October 15, in pursuance of his duty and inspected the college. He has made his report, from which we quote as follows:

"On October 15 I inspected this institution (Winthrop college), covering in my inspection the heating, ventilation, plumbing, sewerage, lighting, water supply, and the general sanitary condition of the institution. The dining room, kitchen, classrooms, halls, dormitories, infirmary, library, laundry and dairy farm were thoroughly inspected, and I found nothing to criticise, but much to commend, I do not see that the sanitary condition of the institution could be better. I would say a few words in special commendation of the infirmary, the dairy farm and the water.

"The infirmary is a model one in every respect, and I doubt if there is a better constructed or cleaner infirmary in the country.

"The dairy farm is as clean and sanitary as such a place can be kept.

"The dairy supply is very good, and one feature of this that I would mention is a pump, by which water fresh from the wells is kept flowing through the pipes, the overflow being collected into a tank for fire purposes. This insures a supply of fresh running water for drinking purposes. The water is obtained from a series of artesian wells.

"The temptation is strong to give a detailed statement of the many excellent features of this institution from a sanitary standpoint but it can all be told in a very few words. The conditions at Winthrop could scarcely be improved, and I doubt very much if there is such an institution in the country that is in a better sanitary condition than Winthrop college. The State may well point with pride to this college, from a sanitary standpoint."

THE MECHANICS OF DEATH BY DROWNING.

In an account of the murder at Harrison, N. J., it is said that the "condition of the lungs and the bronchial passages showed the doctors that she was breathing when she was thrown into the marsh. The lungs were full of water and there were traces of mud and cinders in the bronchial tubes. She must have drowned very quickly."

The late Professor William H. Pancoast once told me that he was certain that water could not enter the lungs of a drowning person and that water in the lungs was pretty good evidence that the person died before going under. His theory

was that death from drowning was simply death for lack of air, and the water taken in by the nose or mouth had no part in the killing, that this water simply went into the stomach and that no live person could get water into the lungs under any circumstances; that the windpipe refuses to allow it to pass, and he cited as a proof of this what we call "swallowing the wrong way."

Professor Pancoast did allow that water could get into the lungs of a drowned person sometime after death, when the muscles had relaxed, and he maintained that in a case of drowning before death occurred the tongue turned back into the mouth, closing the passage tight, and this accounted for so many drowned people not getting water into the lungs at all, even when in the water many hours after death. He was very positive in his opinion that people rescued from drowning were in no danger from the water taken in, as this was only in the stomach, and if it was an inconvenience the stomach would force the water out.

The case that brought out Professor Pancoast's opinion was that of a friend of mine who was drowned trying to rescue two women. He went under and his body was not found for two hours. When found there was no water in the lungs. In consequence it was stated at the time that he must have died before going under.

In talking over this case with Professor Pancoast I remember his saying that had my friend died before going under there certainly would have been water in the lungs. It would have run in, and there being no water in the lungs was proof positive that he strangled for want of air, and the tongue turned back and prevented the water getting into the lungs; and this would always happen in death by drowning, though long afterward if the muscles relaxed the water then could get in.

Many physicians hold the opposite opinion and in some murder trials testimony on this point is made much of. Furthermore, some people still think the first thing to do is to get the water out of a drowning person and force respiration afterward, which, of course, is wrong if Professor Pancoast was right, though the old rolling on a barrel theory seems to be discredited now.

I have talked to several physicians about this theory of Professor Pancoast's and I do not think physicians as a rule have given the subject much thought, even less have they studied it.—G. Warrington Curtis, in N. Y. Sun.

THE TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA.

The tenth annual meeting of this admirable medical association will be held at Charlotte, N. C. Feb. 18-19, 1908 under the Presidency of Dr. Stuart McGuire, Richmond, Va.; Dr. J. Howell

Way, Waynesville, N. C. Sec'y-Treas. The Tri-State comprises in its membership a considerable number of the leaders of thought and practice in the profession of the three constituent states a sine qua non to admission being "good-standing in the State Society of which the applicant is a resident". Both President and Sec'y are actively at work to secure an attractive program and a full attendance. A large number of members have signified their intention to be present, and the accessibility of Charlotte to South Carolinians coupled with the fact that the next meeting comes to our state will make the Palmetto State membership turn out in goodly numbers.

The subject of the "annual debate" is "EPILEPSY" and the "leaders of Debate are Drs. T. P. Whaley, Charleston, S. C.; J. P. Monroe, Davidson, N. C.; and J. Allison Hodges, Richmond, Va. whose names assure an instructive discussion of this important topic. Headquarters will be at the Selwyn Hotel said to be one of the most luxurious hostelrys of the Southland.

The Local Committee of Arrangements are Drs. Edward C. Register, Jno. R. Irvin, and Robt. L. Gibbon, all of Charlotte, N. C. and when it is remembered the reputation enjoyed by Charlotte as a meeting place for doctor's conventions, it goes without saying the Committee will do their full duty in every detail. ||

A cordial invitation is extended all members of the State Society of South Carolina as well as the other two states to attend and participate. Gentlemen expecting to read papers, if they have not already done so, should send in their titles at once to the Sec'y.

The meeting comes in midwinter not near any other and it will afford the busy doctor a pleasant outing and profitable recreation season.

THE DOCTOR IN POLITICS.

The two representative British medical journals the *Lancet* and the *British Medical*, have recently given considerable space to lengthy editorials bearing on the vital subject of the good that results, not only to the medical profession but to politics *per se*, by the election to office of medical men. Among the famous men cited we find Combes and Clemenceau in France, Dr. Jameson at the Cape and Professor Baccelli in Italy; and in a lesser degree Mr. R. R. Dalglish, who "has received the honor of mayoralty for the ninth time since 1885, while the Montgomery records announce that Mr. N. W. Fairles-Humphreys has eight times been mayor. But the blue riband for medical mayors must be accorded to the historic borough of Saffron Walden in Essex, where during the latter half of the eighteenth century the civic chair was occupied by medical mayors on six occasions during the nineteenth century

17 times, while the century in which we are now living has seen three medical men in the highest municipal post."

The foregoing statements from authoritative sources indicate that in certain parts of the world the fact that a man is the of medical profession is no deterrent to his entry into the political arena. Again, the fact that a number of the doctors have been repeatedly honored illustrates an appreciation of their power to administer public matters and a possession on their part of principles of so high a character that one may say with considerable assurance in no case has there been evidence of a doctor's reputation being tarnished through politics. And here we might dwell on the enormous possibilities for good which the medical men can exercise when he accepts an office of inferior or superior worth. While every doctor who is elected to a political position cannot wield the power of a Combes, who is the present premier of France, or of a Clemenceau, he nevertheless may be the means of influencing, by reason of his scientific knowledge, the many problems which will confront him. And these problems involving sanitation, pure food laws, legislation against quackery, child labor, the smoke nuisance, are surely not light material but such stern stuff that a superior amount of knowledge is necessary to combat them effectively. Now, although the cabinet at Washington has never had a medical member and may never have one, considering how things are arranged with us: and other high offices throughout the land may continue to be closed doors against the profession, the fact remains that no small importance should be attached to a membership of the legislature or to the mayoralty of even a small town, when such positions are filled by medical men of the stamp set forth in the British journals. For by keeping the interests peculiar to the medical man's vocation independent of the interests attaching to a political position, the latter is so strengthened by the splendid quality of disinterestedness that its powers to correct sanitary mistakes (to take but one instance), or abolish the many abuses which obstruct the way to success, are illimitable. And the sooner the doctor who wishes to realize the high ideal which can result from the association of medicine with politics, learns the importance of the right interplay of one with the other, the sooner will be taught to the world at large the necessity of electing that sort of man in preference to one whose politics overshadow his little knowledge to such an extent that he is a mere politician, with all the moral shortcomings of that class.—*Jour. Mo. State Med. Asso.*

DEATHS FROM ANTITOXIN.

Norristown, Pa., Dec. 13.—Ely Weitzel, aged 34 years, a clerk in the Lehigh Coal and Naviga-

tion Company's office at Philadelphia, fell dead in the office of Dr. S. N. Wiley here today after he had been given an injection of antitoxin.

A five year old daughter of Mr. Weitzel is ill with diphtheria, and as a preventive it was decided to administer the drug.

As he was adjusting his coat Mr. Weitzel said: "My, I feel bad; I believe I am dying". He then dropped to the floor and expired.—*Baltimore Sun*, Dec. 14, 1907.

Albany, Dec. 21.—A case of death from the use of antitoxin for diphtheria has been investigated by Dr. E. H. Porter, State Commissioner of Health. A month ago Emory J. Benjamin, 52 years old, died at Cuba, Alleghany county, of shock from 2,000 units of antitoxin. He had been a sufferer from spasmodic asthma and his physician, who had himself secured relief from the same disease by the use of diphtheria antitoxin, recommended that treatment. Two doses of 1,000 units each were given in a space of five minutes. The patient's breathing was affected and he died in a convulsive spasm.

At the autopsy nothing was revealed that would show the pathological cause of death and the doctors cannot account for the fatal termination of the case. The report has raised the question of whether or not the antitoxin, like chloroform, causes death without apparent cause.

The case is of interest to the State Health Department for the reason that antitoxin is manufactured at its laboratory in this city for the use of the poor throughout the State. The antitoxin in the Cuba case was not furnished by the State.—*N. Y. Sun*, Dec. 22, 1907.

(We print the above in view of the local interest in this state, following a recent death in Laurens, S. C., after an immunizing injection of diphtheria antitoxin. In addition to the above, we believe two other cases of death have recently been reported immediately following the injection of diphtheria antitoxin in the treatment of spasmodic asthma.—Ed.)

DR. NICHOLAS SENN DEAD.

Dr. Nicholas Senn, one of the most widely known surgeons in the United States, died in Chicago, Jan 2nd.

Dr. Senn was chief surgeon of the Sixth army corps during the Spanish-American war, and was chief in the operating staff of the army in the field. He was the author of many medical works, and was generally considered one of the foremost operating surgeons in the country. During the last two years ill health has debarred him from much active practice.

A CLASSIC PERIODICAL.

The first number of The Archives of Internal Medicine will be issued about January 15, 1908. Subsequent numbers will follow at intervals as material permits, but monthly issue is anticipated. Two volumes will be published annually, each to consist of not less than 600 pages. The Archives will contain no advertisements.

Mechanically and typographically, The Archives of Internal Medicine will be of the highest order, with special attention given to the reproduction of illustrations.

For the present the subscription price will be \$4 a year—two volumes—or 50 cents a copy. As an introductory offer a reduction of \$1 will be made to members and to subscribers to The Journal of the American Medical Association.

NEW AND NON-OFFICIAL REMEDIES.

The following articles were added to the list of New and Non-Official Remedies approved by the Council on Pharmacy and Chemistry, which was published in the Journal January 4:

Guaiacal Carbonate Comp. (H. K. Mulford Co.)
Neuro-Lecithin (Abbott Alkaloidal Co.)

CHLOROFORM DEATHS.

The Dental Digest for August speaks of two persons who died after chloroform had been administered for the extraction of teeth, and two others who died from the extraction of teeth without any anesthetic mentioned. People will still continue to have teeth extracted.

Correspondence.

AS TO NURSES FEES.

January 8th, 1908.

To the Editor: At the regular meeting of the Medical Society of Columbia, S. C., held December 9th, 1907, the following resolution was adopted:—

"That the Secretary of this society call the attention of each Secretary of each County Society in this State to the fact that the Nurses' Association had passed a resolution to the effect that trained nurses will charge \$25.00 per week, (instead of \$21.00 as formerly): also that the County Societies through their secretaries advise the President (Miss Jean Kay, Columbia Hospital, Columbia, S. C.) of the Nurses' Association to the effect that the above named fee does not meet with their approval and that they will use their best efforts to prevent the payment of such a fee."

Kindly let me know what action your Society takes in the matter.—Mary R. Baker, M. D. Secretary.

BROWN'S EMULSION COTTON SEED OIL.

Barnwell, S. C. Dec. 16th, 1907.

To the Editor:: I enclose literature which is suggestive that Dr. Brown is not the philanthropic person we take him to be. He has been an enthusiast over the Antitubercular League, and now it dawns upon us that he had an object in view, and is attempting now to reap a rich harvest through the profession by reason of his advertised position as president of the Anti-Tuberculosis League.—E. L. Patterson, M. D.

The American Anti-Tuberculosis League.

DR. GEORGE BROWN.

President and Executive Officer.

Organized for the Prevention of Consumption. To Educate the People that this is a Preventable Disease. To Secure State aid for poor consumptives. To establish hospitals in every State in the Union.

ATLANTA, GA.

TO THE COTTON SEED CRUSHERS:

Dec. 12, 1907.

Dear Sirs:—

I beg to enclose you a booklet giving particulars of my new Emulsion, and want to ask two favors of each of you.

FIRST: I want you to get your family physician to try this remedy thoroughly in his practice. He is no doubt an up-to-date, progressive doctor, (or should be) and will be glad to try something that is new and worthy. He can give this Emulsion in a glass of milk and it will agree with a baby even, and will digest in any stomach that can digest anything.

SECOND: I want you to see your druggist and ask him to order a dozen or two, and ask him to help you push the preparation.

Now if each gentleman or firm who gets this will do this, we will in a few years put your preparation where it should be, "ON TOP",

Cod Liver Oil today sells for twice as much as your preparation, and if you will only help me this little we will soon put your oil to as high a price as this worthless oil is. Please remember that this preparation is the genuine, it cannot be made without specially designed Electric Machinery, and takes time then; and that it is going to be the standard Emulsion of the world. A lot of cotton seed oil men have ordered a dozen or two to dispose of themselves when their druggist shows any reluctance to handling a "new" product.

If your druggist does not order it, we would like your order for a dozen or two.

It was practically agreed at New Orleans that each man should order at least one dozen.

Please write me if you will help us out in your section.

It means money for you in increased demand for your product.

Thanking those who have so generously helped us, and trusting to hear from you.

Yours truly

(signed) Geo. Brown.

(We shall only add that, in spite of the letterhead and date of Dr. Brown's letter, he has not been president of the American Anti-Tuberculosis League since June, 1907.—Ed.)

INOPERABLE CARCINOMA.

December 27, 1907.

To the Editor:—Will you kindly insert the following in your paper giving it as prominent a place as possible?

The writer desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this circular and can be authorized by facts as to the history and condition prior to the recovery and length of time which has elapsed since recovery such information will be much appreciated and duly acknowledged.

Any well-authenticated reports of recoveries from carcinoma located in other parts than the mammary gland will be welcomed.

Cancer paste cures, X-ray cures, radium cures, or cures as result of surgical operation are not wanted.

Hearsay cases are not wanted unless accompanied by name and address of the person who can give knowledge first hand.

Address, Horace Packard,

470 Commonwealth Ave.,
Boston, Mass.

Obituary.

M. K. HOLMAN, M. D.

Dr. Melchior K. Holman died at the residence of his son in St. Matthews Monday night, Dec. 30 at the advanced age of 82 years. He leaves to mourn his death a widow and six children, four sons and two daughters, besides a host of friends and a very large family connection. He was a life long member of St. Matthews Lutheran church, in which he was an elder for a great many years.

"His seat is vacant, he will be missed," said the preacher during the funeral services and never were words more truly applicable. Dr. Holman was by nature a gentleman, genial, wholesouled, charitable, and therefore he was popular. "Truly this day a mighty man has fallen in Israel."

THOMAS K. KELLER, M. D.

Thomas K. Keller died Jan. 10th, at his residence near Creston. About one week before Dr. Keller was taken with a serious attack of pneumonia and gradually grew worse until the end came in spite of all that was done to stay the deadly malady.

Dr. Keller though not in the best of health up to within a few weeks of his death could get about remarkably well for one of his age. Very recent-

ly he attended the funeral of his life long neighbor and friend Dr. M. K. Holman, who died at the advanced age of 82 years. It is said that he never recovered from the shock of Dr. Holman's death, and felt that ere long he too would answer the call of the Grim Reaper. Indeed the passing of these land-marks impressed on all that the ranks of those who wore the grey are getting thinner and thinner.

Dr. Keller was 71 years old and served with distinction in the Civil War. Returning home after the close of the war he began the practice of his chosen profession in connection with his farm. Though he practically gave up the practice of medicine several years ago on account of his advanced age, his advice was often sought by the younger men of the profession and he was often called on in extreme cases. He took an active part in the affairs of his community and his church and his advice all along all lines was often sought. The deceased was a genial warm hearted gentleman of the old school and his taking off is a great blow to his many friends and relatives.

J. C. THORN, M. D.

Dr. J. C. Thorn, of Gaston Shoals, committed suicide by cutting his throat with a razor on the night of Dec. 25, 1907.

Dr. Thorn had retired in his usual health but at about 10.45 p. m. he told his wife that he was oppressed by the weight of the cover. She suggested that he throw some of it off. He then arose and went into the next room. His wife hearing water dripping on the floor asked him what was the matter. He replied "come and see." As she entered the door he sank to the floor dying in a few seconds.

The coroner's jury decided that he came to his death by his own hands and their verdict was in accordance with this testimony.

Dr. Thorn was about forty years of age and has been doing the practice at Gaston Shoals since the work commenced at that place. He leaves a wife and two small children. He was a native of Spartanburg County and formerly practiced his profession at Cowpens.

S. M. DEAL, M. D.

Dr. S. M. Deal entered into rest at the home of his mother in Blacksburg, Tuesday morning, Dec. 10th 1907.

Samuel Myers Deal was born on the 3rd of August, 1874, in York county at the home of his grandfather, Samuel G. Brown, Esq. His father Hon. J. A. Deal a soldier of the Confederacy, and after the war a prominent railroad contractor and a member from York county of the famous "Wallace house" came to live at Blacksburg in 1879

and soon afterwards began to build the cotton Mill at Cherokee Falls. It was here that young Deal spent his boyhood days and began his education. He had careful training both at home and in school and was a favorite in school and town. He afterwards attended two sessions of the Bingham school, going thence to the Citadel, South Carolina Military Academy. He soon afterwards began the study of medicine and attended a four-year course of lectures at the University Medical College of Baltimore, receiving his diploma from that institution. He located in Columbia for the practice of his profession in 1900 and by his skill, tact, energy and faithful devotion to his work soon won the confidence of his patients and the respect of the fraternity and very soon forming a copartnership with Dr. R. W. Gibbes, entered upon a successful and lucrative practice.

J. H. M. RUFF, M. D.

Dr. James M. H. Ruff, one of the oldest physicians of Newberry County, died at the home of his daughter, Mrs. Minnie Caldwell, on Tuesday.

A Tribute.

Knowing the Doctor intimately and admiring him for being the man that he was, I am anxious that something be said in behalf of a man who in his lifetime did so much for others and received so little himself.

Dr. Ruff was born about 1835 near the neighborhood where he labored so many years. He studied medicine first at home and later graduated at the Medical College of South Carolina. In the Civil war he was under Gen. Longstreet, giving his services where they seemed to be most needed—in the ranks as a soldier. After the war he took up the practice of medicine near his old home and continued in active practice until his recent illness and death.

When I knew the doctor he had been busy night and day treating the sick for 40 years and had almost nothing of any value to show for his efforts except a vast medical experience and the gratitude and love of his patients. His collections—never very large—have been recently only about \$500 a year. Frequently he was paid in farm produce—less frequently in cash, though in a large percentage of cases his only fee was thanks and promises. Often when the doctor was called to a patient really ill he would go to the home and stay there for weeks at a time or until either he or death was the victor. If he ever refused to treat anyone, no matter how poor, I never heard of it. He would drive his old horse, "Charlie," rain or shine, hot or cold, night or day, ministering to the sick and endeavoring to relieve their suffering. When he reached his three score years and ten his store of worldly

goods might have, by a due exercise of economy, kept him alive for the balance of his life of two years.

Dr. Ruff had his failings, as we all have, but he had on the other hand virtues given to few. He was endowed with a memory truly phenomenal, having forgotten very little of his lectures in college and almost nothing that he learned in his years of practice. He was charitable in the broadest sense—unselfish and so constant and untiring in his efforts to help others that he had little time to think of laying up for himself either in this world or in the world to come.

Had Dr. Watson known him he might have written in his "Doctor of the Old School" Ruff instead of McClure, and Newberry instead of Drumtochty.—J. G. McMaster.

T. OGIER HUTSON, M. D.

News was received in Charleston and on Sullivan's Island Jan. 9th, of the death in Georgia of Surgeon, T. Ogier Hutson, who had been out at Hot Springs, Ark. and was returning to his former home in Beaufort, S. C., when killed by falling from a train near Gordon, Ga.

Dr. Hutson had been engaged as "contract surgeon" with the army for about two and a half years. He was first sent from Beaufort (where he had practiced for a number of years after graduating at the Medical College of South Carolina) to Washington, attending the Government school.

He was then assigned to duty at Fort Oglethorpe, Georgia, and later to Manila. He was sent to Fort Moultrie on his return from the Philippines in June, 1906, and remained there until last summer, when he was ordered to Hot Springs. Illness contracted in the tropics was the cause of his being sent to Arkansas, and it was understood that he was very much improved and on his way home, under orders, when, presumably going on the car platform to get the fresh air he fell and was killed.

Although during the first part of his time on Sullivan's Island Dr. Hutson was ill, he improved somewhat, and all of the officers spoke highly of his high character and devotion to his work. He was greatly liked by all who met him at the artillery post.

Dr. Hutson leaves a widow and several children. He has numerous relatives in Charleston, Beaufort and other cities of South Carolina.

M. C. COX, M. D.

Dr. M. C. Cox died at his home near Lanford in Laurens County, Dec. 17th, 1907. He was about 72 years of age and had been a practicing physician up to two years ago for 50 years.

Dr. Cox had been in feeble health for a long time never having fully recovered from a kick by

a mule about 13 months ago. He had been confined to his bed for a month previous to his death. He was the head of a large family, and is survived by six sons and a widow of his second marriage and 39 grand children.

He was a veteran of the civil war and was captain of Company F, Goodwin's brigade.

Book Reviews.

Progressive Medicine, Vol. IV, December, 1907.

A quarterly digest of Advances, Discoveries and Improvements in the medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 336 pages with 130 engravings. Per annum in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

Books Received.

Surgery—Quiz Compend. Horwitz. P. Blakiston's Son & Co.

Progressive Medicine. Dec. 1st., 1907. Lea Bros. & Co.

Osler's Modern Medicine. Vol. III. Lea Bros. & Co.

Modern Otology. Barnhill and Wales. W. B. Saunders Co.

Diseases of Nose and Throat. Kyle. W. B. Saunders Co.

Treatment of Fractures. Scudder. W. B. Saunders Co.

Minor Surgery. Foote. D. Appleton & Co.
Proceedings Idaho State Medical Association 1907.

Current Reviews.

BACTERIOLOGY AND PATHOLOGY.

GEO. McF. MOOD, M. D.

The importance of Ice in the Production of Typhoid Fever.

Wm. H. Park (Jour. A. M. A. 8-31-07) draws attention to the fact that remarkably few cases of typhoid fever have occurred, which could be directly traced to ice infection. He admits that scattered cases may be due to ice infection, when natural ice obtained from polluted water, which has been frozen for a short time only, is used. During the months of March, April and May, four fifths of the ice used in New York comes directly from the Hudson River, which is known to be contaminated with typhoid bacilli. The records show no increase of fever typhoid in New York during these months, for the past ten years—except one, which was probably due to water infection. He concludes from experiments, that freezing for four weeks, purifies water contaminated with typhoid bacilli, to the same extent as sand filtration. Six months freezing kills all typhoid organisms.

Spirochetes in Hodgkin's Disease.

Dr. Wm. C. White (Jour. A. M. A. 8-31-07) in a preliminary communication, notes the finding of immense numbers of spirochetes, in sections of glands of Hodgkin's disease. The organisms stained by Levaditi's method, with iron haematoxylin and eosin, and by Giemsa's method. The spirochetes were seen within the blood vessels among the cells, and at times within the cells. In a second communication (Jour. A. M. A. 9-28-07) Drs. White and Proscher report the finding of

spirochetes in one case of acute lymphatic leukaemia. Aspirations from glands showed large numbers of spirochetes of averaging 20 micra long; were slender, pointed at both ends, and exhibited but few and shallow curves. In the exudation from extirpated gland, very poorly motile spirochetes were found. Sections of the gland, however, showed spirochetes in immense numbers. In the exudation from glands removed in two cases of Hodgkins' disease, large numbers of spirochetes were found. These organisms were similar in every respect to those found in acute lymphatic leukaemia.

The Relative Rate of Growth of Milk Bacteria, in Raw and Pasteurized Clean Milk.

It is generally conceded that milk recently drawn contains some substance or substances having a germicidal and inhibitory effect upon the contained bacteria. In clean milk, protected from subsequent infection and kept at a temperature not above 45 deg. F., these substances act for at least several hours, and it is claimed by some that they exert their properties upon the contained bacteria until the milk curdles. A point not generally considered, is the effect of heat upon these substances, and the unrestrained growth of bacteria in milk after pasteurization and reinfection by careless handling and exposure. Drs. St. John and Pennington (Jour. Infect. Dis. 11-15-07) by a series of experiments seem to prove that pasteurized milk, cooled and reinoculated with the same strains of bacteria which it contained in the raw state, and in quantities as near as possible, is a better nutritive

medium for these bacteria than raw milk.

They draw attention to the bearing which this might have, not only upon pasteurized "commercial" milk, but also to milk exposed to rather low temperature in homes, and afterwards carelessly exposed to reinfection and kept probably through twenty four hours for infant feeding. During this time any contained bacteria have multiplied far more rapidly in the heated milk than in ordinary milk not heated previously.

MATERIA MEDICA AND THERAPEUTICS.

By E. A. HINES, M. D.

Systematic Treatment of Pulmonary Tuberculosis.

For well-to-do patients with incipient tuberculosis willing to devote their time and money to the restoration of health, Mitulescu thinks that simple hygienic-dietetic measures will suffice, if the patient will submit to the rules laid down and follow them for the rest of his life. Under other conditions he advises supplementary specific treatment with tuberculin or some similar preparation, which acts by stimulating the specific cells and thus promotes healing. When patients are in the second stage of tuberculosis, this combined specific systematic treatment will insure better and more permanent results. He regards sanatorium treatment as inadequate—not more than one in seven of those needing treatment can be admitted to the sanatoriums, even in Germany, and the course of treatment in them is too short. Better results will follow when general practitioners and family physicians commence at once with specific treatment in the earliest stages of tuberculosis invasion. Diet and hygiene are not sufficient alone. The principle is to inject substances derived from the tubercle bacilli, keeping the dosage below a febrile reaction. He has thus treated 180 out of his total of 2,100 tuberculous patients. In 1,800 the disease was too far advanced. Only 48 completed the course outlined, and 71 per cent were clinically cured, and 5 out of 7 patients with "open" tuberculosis. He calls them clinically cured when all subjective symptoms have disappeared, when the general condition is good and the patients can bear 100 mg. tuberculin and 5 mg. of TE without any reaction. Study of the metabolism of a number of the patients during tuberculin treatment showed pronounced stimulation of the cellular processes. All his experience points to the benefit of combining this specific treatment with the measures ordinarily in vogue, and the necessity for instituting this systematic combined treatment on the first suspicion of tuberculosis.

Permanent Results of Sanatorium Treatment of Tuberculosis.

In Germany the 87 public and 37 private sana-

toriums for lung affection, with 8,422 and 2,000 beds respectively, are not turning out many permanently cured patients. That is to say the permanent results of sanatorium treatment are no better than those of dispensary treatment alone for the working classes. This is particularly true of patients in the first stages of the disease. Croissant has been making a special study of the condition at Heidelberg, comparing the end results of sanatorium and dispensary treatment. The sanatorium treatment is not followed on an average by longer survival, but occasionally the result is a brilliant one. Patients in this class who live rationally and thus maintain the benefits derived, from an 'object lesson on the prevention and cure of tuberculosis that can not fail to be of far reaching benefit, although the effect can not be estimated for years to come. The great draw back to sanatorium treatment is that the patients return to their former unhygienic mode of life, and the benefit derived soon slips away from them.

PRACTICE OF MEDICINE.

By JOHN L. DAWSON, M. D.

Ophthalmology—Diagnosis.

Edward R. Baldwin, M. D., in a recent issue of the Journal of the American Medical Association publishes an interesting report on the ophthalmotuberculosis Diagnostic test. He instills into the eye of the suspected case a measured drop of a 0.5 per cent solution of dried tuberculin in filtered sterile normal salt solution. If the reaction occurs the conjunctiva reddens and becomes slightly inflamed in from four to eight hours. The degree of hyperemia varies from slight redness to deep injection of the entire conjunctive and oedema of the lids. The reaction gives little if any inconvenience and passes off in a few days. If the eye fails to react it is best to wait for a few days and try it with a drop of a one per cent solution in the other eye (never use the same eye). His results have been gratifying, and this method promises to be one of great aid, especially when used in children with bone or glandular tuberculosis and in adults in the "pretubercular" stage so often met with.

Absence and Marked Diminution of the HCl of the Gastric Contents in Cancer Involving Organs other than the Stomach.

Julius Fredenwald and L. J. Rosenthal (New York Med Jour., 1907, lxxxvi, 344) note that, while the absence of free HCl is an important diagnostic sign in cases in which carcinoma is present in organs remote from the stomach. The authors have carefully examined the gastric contents of 29 patients with various forms of cancer, and of these 9 showed a low total acidity with an entire absence of free HCl, 10 a low total acidity

with a marked diminution in free HCl, and the remaining 10 a normal acidity with a normal percentage of free HCl. Thus, in 19, or 65 per cent., there was either an entire absence or diminution persists after the removal of the cancerous mass. The authors say: "Whether the previous view that the condition is due to an alteration of the degree of alkalinity of the blood plasma is true or not, there can be no question that the phenomenon must be due to some general condition in the blood and that this condition still persists in the fluid even after the removal of growth." This change in the HCl secretion may be of some value in the diagnosis of doubtful cases of cancer in organs other than the stomach.

INTRA-UTERINE RIGOR MORTIS.*

By W. L. KIRKPATRICK, M. D.,
Pacolet, S. C.

In an article entitled "Intra-uterine Rigor Mortis," by P. Van Cordt, the writer reports a case of this phenomenon, in which the child occupied a normal position in the uterus, except that the legs were somewhat extended. The condition was recognized and the labor ended after a rather difficult extraction. Two hours later the rigidity disappeared, wherefore Van Cordt argues that had the labor been left to nature, the foetus would have been spontaneously expelled, the phenomenon not observed. He thinks that this may possibly explain the rarity of the condition. In other cases, where the child has been dead some length of time, a period of probable death preceding and labor making this certain, one cannot wait for such marked evidences of rigor mortis. In other cases no regard is given the foetus and hence this symptom is not observed. Van Cordt finds but 49 published cases, 8

of which were complicated eclampsia. The rigidity does not seem to have been a result of convulsions, the condition having been found in 9 cases of Caesarean section with death, or just after, 6 of which occurred in eclampsia. The writer also regards these cases as genuine rigor mortis, coming on after death, and not as muscular rigidity due to the eklamsiegift."

Case: I was called at 8 o'clock A. M., June, 10, 1907, to see J. A. P. (Col.). Upon my arrival one hour later, I was informed by the nurse (Granny) that the patient had been in labor since 2 o'clock A. M., or seven hours. When I asked why I had been called, nurse said "There was something wrong," and she thought the cord was down. As soon as my hands and the patient were prepared I made a vaginal examination and found that the nurse was correct. A loop of cord was hanging down in the vagina. Also, I found a normal presentation of the head. Immediately I had the patient placed in the knee-chest position at the edge of the bed, and with some difficulty, after several minutes, succeeded in repositing the loop of cord into the uterine cavity beyond the presenting vertex. At no time did I discover any pulsation in the cord, and being in a great hurry to catch a train, did not take time to auscultate the abdomen. The patient was then put on her back in the usual obstetric position. After a number of strong contractions, during a period of several minutes, the os being thoroughly dilated, the head slowly emerged from the vagina. The remainder of the body was with considerable difficulty extracted by traction with my hands, due in part to the rigid condition of the child. So soon as the body was delivered and the cord tied, I made an attempt at artificial respiration, but abandoned the attempt at once, finding that the child was in a state of true rigor-mortis. I report this case because of the rarity of the condition, and also because it is the first case I have observed.

*Read before the Spartanburg County Medical Society, November, 1907.

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Table of County Societies and Officers.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society.	President.	Secretary.	Time of Meeting.
Abbeville.....	J. W. Wideman.....	C. C. Gambrell, Abbeville.....	Monthly, 1st Monday
Anderson.....	W. H. Nardin, Jr.....	J. R. Young, Anderson.....	
Aiken.....	H. H. Wyman, Sr.....	B. F. Wyman, Aiken.....	
Bamberg.....	.....	J. J. Cleckley, Bamberg.....
Barnwell.....	L. F. Bonner, Blackville.....	Semi-Monthly, 1st and 15th.
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal.....	
Charleston.....	John L. Dawson.....	A. J. Jervey, Charleston.....	
Cherokee.....	.....	B. L. Allen, Gaffney.....
Chester.....	S. G. Miller.....	W. B. Cox, Chester.....	Monthly
Clarendon.....	A. S. Todd.....	C. B. Geiger, Manning.....	
Colleton.....	W. A. Kirby.....	L. M. Stokes, Walterboro.....	
Darlington.....	J. F. Watson.....	J. C. Lawson, Darlington.....	
Dorchester.....	J. B. Johnston, St. George.....	Quarterly
Edgefield.....	.....	J. G. Edwards, Edgefield.....
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro.....	
Florence.....	.....	J. G. McMaster, Florence.....
Georgetown.....	W. M. Gaillard, Georgetown.....	Monthly, 1st Monday.
Greenville.....	J. W. Jervey.....	W. M. Burnett, Greenville.....	
Greenwood.....	J. B. Owens, Greenwood.....	Monthly, 1st.
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	
Horry.....	H. H. Burroughs.....	J. A. Norton, Conway.....	Monthly, 2d Monday
Kershaw.....	J. W. Corbett.....	A. W. Burnett, Camden.....	
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	By-Monthly, last Monday
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.....	
Lexington.....	J. W. Geiger.....	J. J. Wingard, Lexington.....	Monthly, 3d Tuesday
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork.....	
Marlboro.....	W. J. Crosland.....	J. C. Moore, McColl.....	
Newberry.....	P. G. Ellison.....	W. E. Pelham, Jr., Newberry.....	
Oconee.....	D. L. Smith.....	H. E. Rosser, Westminster.....	Monthly, 2nd Wednesday.
Orangeburg.....	W. L. Pou.....	L. C. Shecut, Orangeburg.....	
Pickens.....	D. B. Gilliland.....	H. E. Russell, Easley.....	Every 2nd Monday night
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia.....	
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	Monthly, last Friday.
Spartanburg.....	J. L. Jefferies.....	W. G. Sexton, Spartanburg.....	
Sumter.....	F. K. Holman, Sumter.....	Bi-Monthly.
Union.....	S. G. Sarratt, Union.....	
Williamsburg.....	
York.....	J. H. Seay.....	E. W. Pressley, Clover.....	

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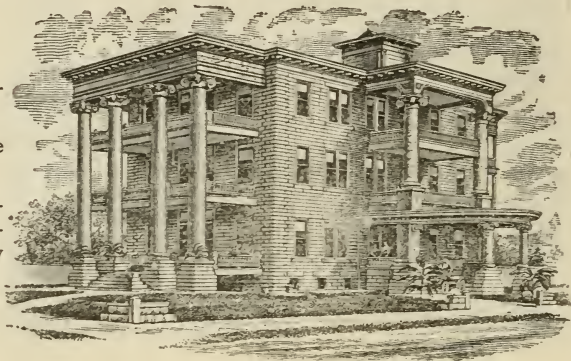
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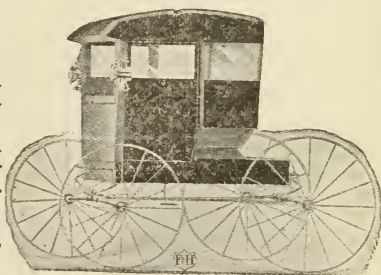
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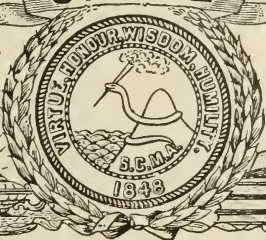
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The Journal OF THE South Carolina Medical Association



Volume IV.

Greenville, S. C., February, 1908

Number 2

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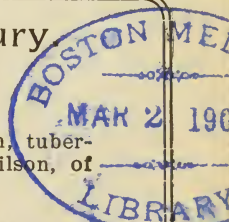
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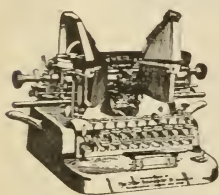
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J. W. Jervey, M. D., Editor

No. 2

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The **Journal** is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession, to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the editor by the 5th of each month.

Proofs of all Original Articles appearing in the Journal are revised and corrected by their authors. The Journal is in no sense responsible for expressions in Original Articles,

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J. R. McGHEE, Business Manager, Greenville, S. C.

Editorial

DOCTORS AND POLITICS.

The doctors of Indiana are now receiving letters from various candidates for state offices and their friends soliciting their support. Before any doctor pledges his support to any candidate for a state office it would be well to definitely determine where that candidate stands on questions of interest to the medical profession. We have had unfortunate and sometimes humiliating experiences with governors and members of the Assembly which should stand as a lesson to us, and when we pledge support at the caucus or at the polls let it be with a full knowledge that our candidate is not only in sympathy with, but will vote for, those measures which are championed by the medical profession as a whole.

We need better and more far-reaching laws pertaining to public health, sanitation, food inspection, medical registration and examination, medical education, vital statistics, the care of the dependent, and many other things of equal importance, in which the physician takes a personal interest, and the public should be interested because receiving the greatest benefit. Men aspiring to state office should be given to understand that they must champion and vote for these benefits if the vote and influence of the doctor is to be secured. It is not enough to pledge support because the candidate belongs to any particular political party.

In this connection we desire to call attention to the motion passed at the last meeting of the Council to the effect that "any

Indiana candidate for county, state or national office shall be interviewed by the councilor of the district in which such candidate resides, or some one deputized by the councilor, and information obtained as to the probable attitude of such candidate on questions vital to the best interests of the medical profession, and that the views given by the candidate be made known to the Council for publication in The Journal or such other publicity as may be deemed advisable or expedient."

The above, taken from the editorial columns of the Indiana State Medical Journal, reflects a sentiment which is being given wide and thoughtful consideration by the medical profession at this time. It is ridiculous that an antiquated interpretation of the proprieties of medical ethics should continue to govern the conduct of the medical profession in matters pertaining to politics in its highest sense, which means the science of government.

Unfortunately, there are a good many professional men, especially among the older ones, who think it unwise that the doctor should dip his finger into the political pot. These gentlemen, however, have nothing but a time-worn tradition to sup-

port their view, and it might be difficult for them to justify their aloofness from those duties which they owe to their communities and to their state in such way as to make their position square with their consciences.

If the medical profession, fortified by study, research and scientific facts, does not point out to the people the means of self-preservation and protection, and the furtherance of their physical and mental and, therefore, moral welfare, then who could be expected to perform such a function? The profession is recognized by the state and by the people as being fitted for this work. Their confidence is naturally reposed in the profession. If then the profession refuses by its action, or by its inactivity, to justify this confidence, what excuse have we to offer to our people and to ourselves?

It is not only a privilege but it is a stern and sacred duty that the profession owes the public to exhaust every effort, not only in pointing out the best means for the protection of the public welfare, but after pointing the way, the completion of this duty lies in exercising its powerful influence for the adoption of its recommendations.

This is a matter which cannot be dismissed with a wave of the hand by the class-day orator, the moss-covered traditions of an ancient or purblind medical literature, or the counsels of self-contained and self-sufficient physicians. It is a duty that is staring us in the face, and we are unworthy of the title of doctor, which of itself means teacher, if we fail to see it and to do it.

We believe that the council of the Indiana State Medical Association did a splendid and a wise thing in adopting the resolutions before referred to, and we trust that the council of the South Carolina Association will render a like service, by

adopting a similar resolution, for the guidance of the profession and the people of the great state of South Carolina.

PELLAGRA IN THIS COUNTRY.

The article by Dr. J. W. Babcock on "Pellagra," representing the report of the Regents and Staff of the State Hospital for the Insane to the State Board of Health, and which is printed as the leading original article in this issue, is worthy of more than passing interest. Dr. Babcock is a man whose zeal, ability, and conscientious attention to the details of his duties mark him as pre-eminently a man to occupy his position as superintendent of the State Hospital. By painstaking and able investigation he, with the assistance of his associates in that institution, has succeeded in identifying, conclusively it would seem, as pellagra, a condition heretofore unrecognized and undiagnosed in this part of the country. Apparently, it is of not infrequent occurrence. This is a long step forward in the progress of scientific medicine in the United States, and especially in the South and we believe that Dr. Babcock's work will be generally recognized as such all over the country. In a measure it marks an epoch in the science of diagnosis not only for neurologists, dermatologists and alienists, but for the busy practitioner in the South, as well. We say in the South, since it is likely that the disease appears in North America only in the southern and south-western states.

This is not the first time that Dr. Babcock has been the means of advancing the welfare of institutional medicine. As long ago as 1894 he read an article before the American Medico-Psychological Association in Philadelphia upon "The Prevention of Tuberculosis in Hospitals for the Insane." This article was heartily endorsed by Lawrence Flick, B. D. Evans and others. It was the first dictum which pres-

aged and urged the isolation and modern care of tuberculosis patients in institutions. Curiously enough and unjustly Dr. Babcock has not received from the world the credit to which he is entitled in this direction, but the records show it and they show, furthermore, that the bronze medal of the British Medico-Psychological Association was awarded, five years after the publication of Dr. Babcock's article, to F. G. Crookshank, M. D., London for an article entitled "The Frequency, Causation, Prevention and Treatment of Phthisis Pulmonalis in Asylums for the Insane." (See British Journal of Mental Science, Vol. XLVIII, p. 393). This was a parallel article to Dr. Babcock's and reached the same stated conclusions except that Dr. Babcock's conclusions were somewhat more nearly complete.

In this investigation of "pellagra" we trust the record will be kept in straighter shape, and these few remarks we offer as a humble effort to see that credit shall go to whom it properly belongs.

STATE HEALTH OFFICER.

The Legislature has, we are informed, passed the bill creating the office of State Health Officer. This is a good piece of work, and the State Board of Health, through its executive committee, deserves the thanks of the profession and the public for the energy, enterprise and practical wisdom it has displayed in getting this favorable legislative action. This is the most important medical legislation that has been enacted in years. The bill itself is printed in another column, under the head of News and Miscellany, and is very comprehensive. We are informed that the allowance made for this office in the state appropriation bill is \$2,500. The other sums given the State Board of Health are as follows: For clerk hire, \$500; for enforcing the pure food law, \$1,000; for

quarantining the state against contagious diseases, \$8,000, to be expended under the supervision of the governor. The governor is also authorized, in cases of emergency, to borrow \$7,000 additional. One hundred dollars is given for printing, transportation, and death certificates.

THE ANNUAL MEETING, APRIL 15TH.

The time for the annual meeting draws near. We are to assemble in Anderson, April 15th, less than two months off, in annual session. There is certain to be a large attendance, for the Piedmont section is the most thickly populated in the state. It is hoped that a comprehensive scientific program will be arranged, and we take this opportunity to urge upon every man his duty to present to the profession what knowledge he may have on any particular subject, in the shape of a paper to be read, or else in preparation of discussion on those subjects with which he is conversant. If everybody attended these scientific meetings and sat around like clams, saying nothing, little would be gained in the advancement of our profession. Full, open, free and frank discussions should be indulged in upon all scientific subjects that may be brought up. If one man's tenet seems inapplicable to another, that other should not hesitate to express his doctrine and his views supporting it.

There is hardly a man in the State Association who cannot throw at least some light upon some question which would be of practical benefit and advantage to other members, and it is as much the duty of every professional man to contribute in this way to the cause of scientific medicine as it is to heed the call of the suffering and provide for their relief.

Let every member turn over this suggested duty in his conscience; then let

him write at once to Dr. Walter Cheyne, of Sumter, S. C., Secretary of the State Association, and hand him the title of the paper which he intends to read at the Anderson meeting.

PRIZES FOR COUNTY SECRETARIES.

It is the intention of the Journal to offer a set of prizes for the purpose of stimulating the energy of county medical society secretaries in the increase and maintenance of interest in the county societies. To this end we are prepared to offer four very valuable sets of medical books, the very latest publications covering their subjects, and comprising a veritable modern medical library, as follows:

1. One collection of these valuable books will be given to the county medical society secretary in this state who can report, for the fiscal year of 1908 (that is from January 1 to December 31, 1908) the largest percentage of increase in his county society membership.

2. Another modern medical collection will be given to that secretary who reports the largest actual net gain in membership for his county society during the year.

3. A third collection of up to date medical works will be given to that secretary who reports for the year the largest average attendance on regular meetings of the society in proportion to the total membership of the society.

4. Still another handsome collection of recent classical medical works will be given to that secretary who, during the year, outlines the best plan for increasing and maintaining the membership of the county medical society. This plan must be gotten up in typewritten form and may be submitted to the editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal, and shall be confined, if

possible, to not more than five hundred words.

The awarding of these prizes will be in the hands of the Board of Councillors of the association, and the editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

A preliminary announcement of this prize offer will be found in the advertising pages of this issue. These prizes are in every way worth striving for. They are composed of the most modern, up-to-date, classical medical and surgical literature published in the world, and each prize, in money value, will be worth from \$15 to \$25, perhaps more.

The county secretary should remember that he is the king-pin of the society. He is in a position to be the most prominent and well known professional man in the county. Outside of the practical material good which his energy and activity will be certain to give him personally and professionally, every county secretary in the state now has the incentive of a very valuable remuneration for the work he is elected to do. Any further information desired will be gladly given on application to the editor of the Journal.

A CONSTITUTIONAL AMENDMENT.

At the annual meeting of the State Association, in Bennettsville, in April, 1907, Dr. T. G. Croft moved to amend Article Five of the constitution by providing that the editor of the Journal should be ex-officio a member of the House of Delegates. Under the constitution this notice of amendment has to lie over for a year, to be acted upon by the House of Delegates at the next succeeding annual meeting. The reason for offering this amendment, we believe, was broadly speaking, that the editor of the Journal, by reason of his work, is possessed of

more or less information concerning the doings of other state associations throughout the United States, through the reading of the various State Medical Journals, and would necessarily be in a position to give occasional valuable information to the House of Delegates in regard to the conduct of other associations. We thought at one time that this proposed amendment was a good one, but after careful and mature consideration we have reached the conclusion that it would be unwise, for with a vote in the House of Delegates and participating in discussions therein it would be very hard to avoid prejudice and bias upon vital matters which might come up before the House. It would be unfortunate for such prejudice to be incurred and to be reflected, however unintentionally, in the pages of the Journal. It is our intention, therefore, to request Dr. Croft to withdraw his proposed amendment and we sincerely hope and believe that he will agree to do so.

THE OLD PRINTERS AND THE NEW.

We feel that an apology is due the owners of the Journal for the annoying delays which have occurred in the appearance of many issues. We wish to say, however, that the numberless gross and petty annoyances, the lack of facilities, the indisposition to be accommodating, the frequent impertinences and combativeness, and finally increasing inferiority of work with a rising scale of prices and a frequent tendency to over-charging, have at last exhausted our patience with our former printers and we have terminated our connection with them. We have succeeded in making a much more satisfactory arrangement, in every way, with the Peace Printing Company, of this city, believing that they have better facilities, give better attention to business details

and do better and quicker work. Starting with this issue the printing of the Journal is handled by the Peace Printing Company, and we look for technical improvement all along the line.

DR. SAJOUS'S STUPENDOUS WORK.

The recent appearance of the second volume of Dr. Charles E. de M. Sajous's great work on "The Internal Secretions and the Principles of Medicine" (Philadelphia: the F. A. Davis Company) calls for more prominent mention than we could give it in our department of Book Notices; indeed, nothing short of a ponderous quarterly could accommodate anything like an adequate analytical and critical review of the work treating of so many and such recondite problems. The volume is a large one, consisting of seventeen pages of preliminary matter and 1,073 pages of text, index and supplement.

Though the work deals largely with the "adrenal system" and especially with the pituitary body, it is really a masterly exposition of our present knowledge—much of it due to Dr. Sajous himself—of the protean part played by the intact central nervous system in sustaining and coordinating the bodily processes as they go on in health and of the part played by disordered nervous organs in the generation and maintenance of disease. It lifts out of the field of empiricism and speculation much of medicine that was before shrouded in such mists. While it is founded on experimental observation, it is far from being a mere record of laboratory "findings." It is pervaded and vivified by the author's comprehensive grasp of the facts of general medicine, so that it virtually presents us with a new philosophy as regards a great portion of the science of medicine. And, above all, it is written in a style that can not fail to prove attractive to the general reader.—N. Y. Med. Jour.

It is with mingled pleasure and regret that we find the following portion of a letter from Dr. Sajous to the editor of the Medical World:

"Having finished 'Internal Secretions,'

I have got, like Cincinnatus, to return to the plough. Would you do me the favor of putting a short notice in *The Medical World*, stating that I have resumed practice, giving special attention to diseases of the nose, throat and lungs, and disorders which relate to the ductless glands? I would be greatly obliged to you."

Having builded his monument, the architect must return to the daily grind. In a way it seems hard. In another way it is well. The world will be better off, and Dr. Sajous himself, we think, will not regret the useful continuation of his professional career. The place of the leader is not without compensation even if his labors are sometimes arduous. We wish many years of happy activity to this keen laborer in the fields of science.

NOTES AND COMMENTS.

With the January issue, *American Medicine*, the well known Philadelphia monthly, changes hands and appears under the new management. Dr. George M. Gould, for many years the virile, aggressive and accomplished editor, has retired from the field and Dr. Frank Clark Lewis appears as "managing editor." We regret Dr. Gould's retirement and trust that his pen (with the point of a diamond), will again appear at some editorial desk. At the same time we take occasion to congratulate *American Medicine* upon the sensible and frank editorial expressions in

this first issue under the new regime. Its attitude in relation to the American Medical Association is admirably expressed, and its views upon the sore subject of advertising we think will meet, as it hopes, with "the approval of all honest advertisers as well as liberal minded physicians."

Alas! That we should have to confess it! Our great, good, and esteemed friend Simmons, of the *Journal A. M. A.*, has allowed this greatest of the medical journals of the world to lead us astray! In our relished by the Lippincotts, while giving cent criticism of Piersol's *Anatomy*, pub- the substance of the work the most flattering endorsement our limited space could command, we took the cue from the *Journal A. M. A.* reviewer in regard to the binding, and remarked that it was too light and flimsy and inadequate for the size of the volume. Our chagrin, Dr. Simmons, lingers upon the brink of mortification, for we learn in the course of correspondence about another matter with the publishers that they had expended "considerable time, money, and thought to produce a binding that would be easily opened, flexible, and durable," and since examining the thing more carefully we feel impelled to say that the publishers have succeeded in their endeavor. It is an altogether excellent piece of work.

Original Articles

WHAT ARE PELLAGRA AND PELLAGROUS INSANITY? DOES SUCH A DISEASE EXIST IN SOUTH CAROLINA, AND WHAT ARE ITS CAUSES?

(An Inquiry and Preliminary Report, prepared by J. W. Babcock, M. D., Superintendent and Chief of Staff,

South Carolina State Hospital for the Insane).

State Hospital for the Insane, Columbia, S. C., Dec. 30, 1907.
To the South Carolina State Board of Health:

Gentlemen: The medical members of the Board of Regents and the medical staff

of the State Hospital for the Insane beg respectfully to submit to your attention the following report:

Introduction: By way of introduction we wish to say that like other physicians of our acquaintance we have from time to time been perplexed by the appearance of a disease presenting the mental symptoms of depression or mild delirium combined with an eczematous condition of the exposed surfaces of the body—especially of the hands and face—and usually the third symptom of an obstinate diarrhoea. Several of our cases have shown at home in different parts of the state mental symptoms of such pronounced character as to require commitment to an asylum. Three outside cases have been seen in consultation.

The syndrome of skin, intestinal and mental symptoms point towards a disease known in southern Europe as pellagra, but the disease has so rarely been suspected or recognized in this country that we find that other physicians like ourselves in studying up their cases have excluded pellagra because most authorities deny its existence in North America. This inquiry, based largely upon clinical evidence and a study of the few original papers on the subject by Americans brings into question the truth of the last sweeping statement. We are satisfied that we are dealing with conditions very similar to those presented by true pellagra as described by authors, but of the real nature of the disease, especially as to its etiology, we are in doubt. Hence this inquiry.

The recent admission to our State Hospital for the Insane of three cases which present clinically the classical symptoms of pellagra have forced us to study them with especial care and to review the histories of cases previously observed, besides looking up such literature as is

available. We have also conferred with several experienced general practitioners in Columbia and Charleston and from them have secured assistance and advice as well as the histories of outside cases included as part of this report.

It is the opinion of the older members of the staff that cases presenting pellagrous symptoms have appeared among our patients for some years and that the real nature of the malady has not been fully recognized and determined, but that latterly it is becoming much more frequent among our patients. These patients have come from various parts of the state, being possibly somewhat more numerous from the Piedmont section. Whatever its nature the disease is not infectious or communicable.

One of the objects of this paper, besides calling the attention of your Board to what seems a distinct pathologic entity, is to ask your co-operation in directing the attention of general practitioners to its symptoms and occurrence and thereby gain a fuller knowledge of its distribution, causation and prevalence than is possible for isolated observers like ourselves.

PART I. General. What are Pellagra and Pellagrous Insanity?

Definition and Description: What then is pellagra? Van Harlingen calls it "A complex disease characterized by three classes of symptoms:

"1. A squamous erythema confined to those portions of the skin which are exposed to the action of heat and light.

"2. A chronic inflammatory condition of the digestive passages shown chiefly by obstinate diarrhoea.

"3. A more or less severe lesion of the nervous system, leading at times to mental alienation and paralysis. These various symptoms are at first insignificant, and in a certain way periodic—they be-

gin or recur in spring and diminish or disappear in winter. Later, they become persistent, more and more marked, and finally terminate fatally."

Greisinger, in 1861, after seeing cases of pellagra in the asylums of northern Italy, doubted the specific nature of the disease, but thought that in its final state it greatly resembled general paralysis of the insane.

In 1883 Spitzka, of New York, announced in his excellent treatise on insanity: "Pellagrous insanity will not be discussed in this volume, as it does not occur in America, and is limited to such countries as Italy, where maize forms a staple article of diet and where the disease known as pellagra, which is attributed to the living on spoiled maize, occurs in an endemic form."

Says Manson, in 1907: "Indeed there are vast regions in which maize is extensively cultivated and much eaten, but in which pellagra is absolutely unknown. A most convincing example is that of the United States of America."

Says Tyson, in Ziemsen's Cyclopedia: "Pellagra is a disease which is thought to be due to a fungus which infects maize or Indian corn. It occurs particularly in Lombardy and is characterized by a scaly and wrinkled condition of the skin, especially of those parts exposed to the air. The strength and mental faculties are affected. Sensation is obtunded and cramps and convulsions supervene, much as in ergotism."

Macpherson in 1899 expresses the opinion that: "Pellagra is a disease of the nervous system accompanied by mental symptoms and followed after by degeneracy in the descendants. This transmitted degeneracy is characterized by mental and physical feebleness and a marked predisposition to the recurrence of the affection in the predisposed offspring. The disease

is common in the southern parts of Europe especially in Italy and has been indubitably traced to the eating of immature and otherwise unwholesome maize."

From Mendel, of Berlin, we learn that: "Pellagra shows in the prodromal stage general distress, fatigue easily brought on, disturbances of digestion, usually with areas of redness of the skin, which is chapped, cracked and deprived of epithelium. The second stage is dominated by pathological phenomena of the intestinal tract, and the third stage shows, besides disturbances of the nervous system (weakness and pareses, paraesthesias and anaesthesias weakening of the cutaneous reflexes and exaggeration of the tendon reflexes), a melancholic depression, which often passes to the stuporous form."

It will thus be seen that true pellagra appears to be akin on the one hand to ergotism and lathyrism, and on the other to the parietic forms of insanity, while in some of its manifestations it is not unlike acute delirium.

History: The earliest accounts of this malady as an endemic affection come from Spain, where it was recognized in 1735. It appeared in Italy just prior to 1750, and was first scientifically investigated in 1771. It first appeared in Southwest France in 1829. Its present distribution embraces the districts of Europe situated within a zone extending from 42 to 46 degrees N. It is also found in Egypt and Asia Minor.

The disease attacks males and females indiscriminately and no age is exempt. Cases are on record of children of fourteen months and two and a half years of age. Under sanitary management it is claimed that pellagra has almost disappeared from France, but there are in Italy 100,000 cases of the disease, that is 10 per cent of the rural population. About ten per cent of pellagrous cases become

insane. It is said that there are upwards of 50,000 cases of pellagra in Roumania. Sandwith found it in 1900 among the colored lunatics in Robben Island.

There is a voluminous literature on the subject in Italian, French, and German as is shown by over eight pages of bibliography in Vol. XII, second series of the Index Catalogue of the Library of the Surgeon General's Office, in Washington. But in English, outside of short accounts or definitions of the disease in the textbooks, articles are few and far between.

Although recognized now as existing in Yucatan and Campeche, as well as in Brazil and the Argentine Republic, pellagra has rarely been reported as being found in the United States. In April, 1907, however, Dr. G. H. Searcy read before the Alabama State Medical Association an account of an epidemic of acute pellagra in the State Hospital for Colored Insane at Mt. Vernon, Alabama. Since the opening of the hospital in 1901 three or four cases of a strange and fatal skin disease had occurred, but its true classification was not recognized. In the late summer and early fall of 1906 the epidemic appeared. In all 88 cases occurred with 57 deaths, a mortality of about 64 per cent. Since the observation of these cases among the colored insane patients some four or five others have been recognized among the white patients at the Tuscaloosa, Ala., asylum.

In the report (1907) of the Alabama Insane Hospitals, Dr. J. T. Searcy, Superintendent, just received, it is stated that: "There was last fall (at the Mt. Vernon Hospital) an epidemic of pellagra, which was very fatal. This being a heretofore unknown disease in America, it was not recognized as such for some time. Cases have, since then, been brought into both hospitals from different parts of the state, showing that it occurs in this part of the country. There have been nine deaths

at the Bryce Hospital during the past twelve months from pellagra; five of them were infected when they came."

A sporadic case diagnosed as pellagra was reported by T. C. Merrill, M. D., of Colorado, Teas, in September, 1907.

Symptoms: Usually the disease first manifests itself in the spring, the earlier symptoms pointing to the gastro-intestinal tract and the cutaneous structures, while the later and more advanced symptoms involve the cerebral and cerebro-spinal systems. In his monograph (1903) Procopiu gives this definition: "Pellagra is a periodical disease, having remissions and exacerbations. It manifests itself in persons exposed to its invasion at the beginning of spring, becomes more aggravated until summer and then begins to lessen little by little to the point of giving during the winter the illusion of cure. It returns each year at the same season, so long as the cause persists, that is, the eating of the products of Indian corn."

Says Radcliffe Crocker, in substance: "At first there is weakness and lassitude, giddiness, headache, articular pain, severe pain in back radiating to the limbs, especially the hands and feet; the tongue is furred, the epigastrium tense and painful, and the bowels are loose, sometimes with slight jaundice. The skin of the forearms, elbows, face and neck are affected with dermatitis. The erythema may develop in twenty-four hours and last ten to eighteen days. It consists of a diffuse bright, dark or red erythema, which disappears on pressure unless hemorrhagic. The skin is swollen, tense, and itches when exposed to the sun. After two weeks the erythema subsides: desquamation follows, leaving the skin thickened and pigmented. The nails and hair are unaffected. After several attacks the skin dries, withers and wrinkles. The skin manifestations thus present three stages:

"(1.) Congestion; (2) thickening and pigmentation; (3) atrophic thinning.

"Upon recrudescence after the first attack the patient becomes emaciated and weak, with a headache and pain in back and tenderness on pressure near dorsal vertebrae, the knee jerk is exaggerated. The tongue gets denuded, is red and dry; there is a burning sensation in the mouth, deglutition is painful, diarrhea increases to profuseness; all the cerebro-spinal symptoms, many of them meningeal, are aggravated, and the patient is delirious, sinks into a typhoid state, and dies."

Mental Symptoms: These usually assume the type of melancholia. The milder forms show merely a retardation of ideas, disinclination for thought and activity, or simple mental depression. Later the disease may advance to a profound melancholia, even refusal of food, and suicidal tendencies manifesting themselves. Maniacal symptoms are rarer, but sudden outbursts of delirium or excitement may occur in cases of apparent stupor.

Clerici (1855) described pellagrous insanity as consisting of "a vague, incoherent delirium, accompanied by stupor, loss of memory, and by loquacity without special disorder of intelligence or violent excitement."

Pellagrous insanity is divided by Procopiu into acute and chronic delirium. The acute delirium may be associated with alcoholism, when it presents the symptoms of delirium tremens. Or acute delirium may manifest itself in the course of chronic delirium. In the latter case the patient, who has been quiet and apathetic, becomes restive as if tormented by an obsession. The delirium may become furious, leading to suicide or murder. Intense religiousness may be a symptom or food may be refused. The chronic delirium has been divided into the melan-

choly, demented and stuporous types, but they are usually melancholy or of an anxious type. The termination is dementia.

"Pellagrous insanity," says Regis, "is one of the most grave varieties, not in itself, but because it is the expression, in the sphere of intelligence, of a general disease, progressive in its course and inevitably ending in cachexia and death."

Says Warnock: "The frequent early occurrence in pellagra of symptoms of dementia, with loss of memory and childishness points to organic brain disease, and reminds one of the mental condition of patients suffering from organic dementia due to gross brain lesions, and of the latter stages of general paralysis. Indeed, the last stage of a general paralytic of the melancholic type and that of a pellagrous patient have many resemblances to one another."

Etiology: Among the abandoned theories about the origin of pellagra may be cited those of its being an expression of leprosy, scurvy, syphilis, or alcoholism. Turzek concludes that "pellagra is due to certain toxic substances developed in the course of the decomposition of Indian corn and possibly, under the influence of epiphytes on the corn." The maize cut before it is ripe, gathered in rainy seasons, stored away damp, sown from affected seed * * * all contribute to the engendering of some toxic development in the grain which forms the true pellagrous poison.

From the dermatologist's side it may be cited: "Pellagra is believed to be due to the consumption for long periods of time of damaged maize, this being the staple article of food in most of the countries where the disease is endemic. The eating of the grain harvested before it is fully ripened, particularly in regions where famine has existed, the harvests are poor and the lower class of the rural population

live in insalubrious conditions—is the chief factor in the production of the malady.

"Persons of both sexes and all ages are liable to contract the disease; heredity is supposed to exert an influence, especially when the nervous symptoms of the malady are predominant. The sporadic cases occurring where there has been no suspicion of the ingestion of improperly prepared food are believed to represent a 'pseudo-pellagra' having a wholly different etiological history."

A sample of the meal used at the Mt. Vernon (Alabama) Hospital, which was supposed to be the best western meal, was sent to the pathologist in charge of the Laboratory of Plant Pathology at Washington, and he reported that the meal was wholly unfit for human use; that it was made of mouldy grain and contained quantities of bacteria and fungi of various sorts, some of which were identified. Dr. Merrill also referred some of the corn meal that had formed his patients' diet to the Laboratory of Plant Pathology at Washington. The pathologist reported that the meal was unfit for regular diet, being "unquestionably in bad condition and too rancid to eat, at least for a regular diet."

Radcliffe-Crocker sums up the etiology alliteratively: Peasant life, poverty, and polenta (a food made from maize).

"Pellagrous insanity," says Bianchi, "is a disease arising from intoxication of the nervous system," and "Ceni and Besta concluded that both *penicilium glaucum* and *aspergillus fumigatus* play a very important part in the etiology of pellagra and that their action can only be explained by their determining phenomena of progressive intoxication by means of the toxines they set free in the gastro-intestinal canal."

But after all that has been said and

written upon the etiology of pellagra, there seems yet to be doubt as to the ultimate cause, as witness this extract from Novy in Osler's Modern Medicine (1907): "While there is no question as to the fact that the poisoning is due to corn, the actual cause, notwithstanding the numerous investigations which have been made, is by no means established. It is reasonable to believe that the specific toxic products are formed by the action of some bacterium on the maize which has been cut while immature and stored in damp condition."

Diagnosis: In cases where the nervous symptoms are especially prominent the diagnosis has to be made from neurasthenia and hysteria. The history, periodicity in the spring, and increased knee-jerk will help distinguish between the affections. The exanthema may be absent, but when present without other symptoms it must be distinguished from pure solar erythema. The condition of the tongue and intestinal tract will assist in the diagnosis. If the spinal symptoms primarily attract attention the coincident mental disorder, the erythematous eruption, and the gastro-intestinal lesions will determine between pellagra and a pure neurosis.

Other diseases to be excluded are: ergotism, lathyrism, beriberi, scurvy, eczema, lichen, uncinariasis (hook-worm disease), acute delirium, alcoholism, syphilis and paresis.

In brief, pellagra may be said to present a triad of symptoms: dermatitis, diarrhea and depression. The more prominent skin symptoms are erythema, dessication and desquamation. Those of the digestive systems are salivation, dyspepsia and diarrhea; and of the nervous system, headache, backache, spasms, paralysis of legs, and melancholia. In our colored patients the dermatitis, diarrhoea, and con-

sequent emaciation, as well as the dementia and paresis have been strikingly well marked. The disease sometimes is said not to show the eruption, when the condition is called "pellagra, sine pellagra."

Pseudo-Pellagra: This occurs in in chronic alcoholism with peripheral neuritis, and is said sometimes to appear in asylums among the demented and general paralytics. In the latter case it is more likely a pseudo-general paralysis, since true paresis does not present the skin or intestinal lesions of pellagra. To quote from Manson again: "The disease is pellagra when it fits in with the orthodox theory and when it can be connected in any way with maize; but when this is not possible the disease becomes pseudo-pellagra."

Ergotism: History of diet (usually rye), headache, vertigo, mild delirium, blindness, deafness, anaesthesia, cramps, convulsions and gangrene.

Lathyrism: History of diet (vetch); pains in the kidneys and lower extremities, spastic paralysis, possibly paraplegia, increased knee-jerk, ankle clonus. Intelligence clear.

Scurvy: History of food conditions, earthy complexion or jaundice, depression both nervous and mental; pain in limbs and joints, indurations and ecchymoses, visceral hemorrhages, stomatitis.

Beriberi. Peripheral multiple neuritis, edema or emaciation, severe effusions slight hydrothorax, general dropsy, ataxia, partial paralysis, palpitation, precordial distress; pericardial effusion, systolic bruits, violent carotid throb; anaesthesia in pretibial region, and hyperaesthesia in calf and other groups of muscles. General health good; may be dyspepsia, but tongue clean and bowels fairly regular. Urine may be scanty but otherwise normal. No fever. Intellect not involved. Filaria, ankylostomum, and other worms

are very commonly found in beriberi. Manson concludes that beriberi is a germ disease, but probably not communicable from man to man.

Lichen: Roundish papules small or large; chronic in course and appears on anterior surfaces of arms above wrists, lower part of abdomen, calves of legs and around knee. It may appear on palms of hands, and soles of feet. Hair and nails unaffected. General nutrition never affected in *L. planus*. Prognosis favorable with tendency to spontaneous recovery.

Eczema: The common symptoms of infiltration and thickening of the skin with exudation and itching which characterizes this disease are not associated with the conditions of the gastro-intestinal and central nervous systems which make up the clinical picture of pellagra.

Acute Delirium: Fever, delirium, great motor excitement and rapid exhaustion ending frequently in coma and death. Duration from ten days to three weeks. No cutaneous or intestinal lesions.

Hook Worm: (Diagnostic symptoms as dictated by Dr. Ch. Wardell Stiles of the U. S. Public Health and Marine Hospital Service). More or less pronounced anemia followed by rapid exhaustion. Tallow-like skin in which you seem to see through the upper into the lower layer. There is an absence of perspiration which is frequently complete. The skin and hair are dry. The heart is found to be enlarged, with the apex beat displaced. Haemic murmurs are common, as are also cervical pulsations. There is usually considerable abdominal tenderness shown by even slight pressure on the epigastric region. This tenderness has the decided tendency to continue on palpation towards the right, but disappears toward the left side. About sixty per cent of the cases show scars on the skin with

the history of sores of long standing. About eighty-five per cent. give history of "ground itch." In cases in which the anaemia began before puberty there may be total absence of hair in axillary and suprapubic regions. In affected females the menses are retarded and irregular and rarely accelerated. The symptom of "pot belly" is common, though not as common as usually supposed. The pupils are usually dilated even when facing a strong light. If not dilated, they dilate very readily when looking into the observer's eye, and sometimes even when facing a strong electric light. The most pronounced mental symptom as a diagnostic aid is a low grade of mentality, or rather of dullness or stupidity, as indicated by repeating a question or asking that it be repeated. This is exceedingly common. This dullness, however, is cleared up in a striking manner after the exhibition of thymol. The tendency is to constipation rather than diarrhoea, though some cases have diarrhoea. The seasonal periodicity shows an acceleration in summer and fall. The disease is much more common among people in sandy regions than in clay regions. Usually if one case occurs in a family several others are found infected. Pellagra, or at least pellagrous symptoms, may be associated with some of the above mentioned diseases as well as with malaria, tuberculosis, traumatism, and the eruptive fevers, such as typhoid or diptheria. Here the diagnosis is to be made only after careful exclusion. The digestive signs of the other more common diseases mentioned need not be introduced here.

Prognosis: The disease may run an acutely fatal course or an extremely slow one (Searcy). Our experience has been that after admission to the asylum the duration of cases will scarcely average six months. Cases having severe diarrhoea, emaciation and delirium run a rapidly fa-

tal course in spite of the usual treatment. In Europe, it is said, pellagra may run through ten or fifteen years. Recovery can be expected only when the patient has passed through one of the two annual spring attacks, is removed from the cause, and is placed in hygienic surroundings. If the disease is far advanced, the prognosis is unfavorable, as it is also when permanent nervous lesions may appear, such as chronic insanity, or motor paresis.

Pathology: In general, there is a wasting of adipose and muscular tissues, fragilitas ossium, degeneration of the cardiac muscular tissue, fatty degeneration and atrophy with slight degree of sclerosis of the liver, spleen and kidneys. Constant pathological conditions are:

(a) Intestinal: Atrophy of muscular coat, with occasional hyperemia and ulceration of lower part of tract.

(b) Abnormal pigmentaton (like senility) of ganglionic cells, muscles of the heart, the hepatic cells, and the spleen.

(c) Changes of nervous system. By far the most important and constant post mortem signs are: Hyperemia, anemia, oedema of central nervous system; pachymeningitis, cerebral and spinal leptomeningitis, obliteration of spinal canal. Most noteworthy and constant are: Degeneration and secondary proliferation of the lateral columns of spinal cord in dorsal region, but also posterior columns in cervical and dorsal regions.

Treatment. The question of prophylaxis and treatment, although of highest importance, do not properly come within the scope of this inquiry, but may be summed up in the fundamental principles of discovering and removing the cause. In Europe the usual method is to prohibit corn in any shape and form as food, or, if this is impossible, permit the use of only such grain as is ripe to perfection, is well dried and stored, and which

is the result of sowing of good quality. The cultivation and use of other cereals is to be encouraged.

The nervous symptoms of the disease are to be treated according to general therapeutic indications. There is no specific. If hook-worms are found associated with pellagra they should be removed with thymol. Before taking up the consideration of our cases this paragraph taken from Warnock's paper on pellagrous insanity will prove interesting:

"Pellagra is never uncomplicated in the stage seen here (the Cairo, Egypt, Asylum). Every patient suffers from parasitic diseases. Favus, often producing complete baldness, is frequently present. The anchylostomum worms are always present and the resulting extreme anaemia accounts partly for the great prostration of these cases. Other intestinal worms often occur. Bilharziosis of the rectum or bladder affects many cases and further aids the development of the anaemia and exhaustion. In fact it is a matter for astonishment that an individual preyed on by so many kinds of parasites is able to survive so long. Many of these patients have a dried-up, wizened look, suggesting that of a mummy."

Furthermore, as to the likelihood of erroneous conclusions by reason of secondary or accidental association with hookworms, this quotation from Manson's "Tropical Medicine," 4th edition, in regard to beriberi, is pertinent:

"The novice in tropical medicine will be greatly puzzled for a time over these cases.

* * * If he examine the blood of these patients, possibly in a proportion of them he will find filaria nocturna or some other blood worms. Very likely he will then think that the cases are forms of filariasis; and he may construct theories to explain how the filaria produces the symptoms. Or, if he examines the feces very probably in over 50 per cent. of the cases, or in some countries in nearly all the cases, he will find the ova of the ankylostomum duodenale and probably those of trichocephalus dispar also. On this evidence he may conclude that these are cases of an-

kylostomiasis. He had better, however, not commit himself to such diagnosis till he has ascertained how it fares with the rest of the population as regards these parasites, for he will find that filaria, the ankylostomum, and the trichocephalus are quite as prevalent outside as inside the hospital, and in the healthy as well as in the sick."

In 1902, Dr. Harris, of Georgia, reported a case of anachylostomiasis presenting the symptoms of pellagra.

PART II. Local. Does Such a Disease Exist in South Carolina, and What Are its Causes?

CASE 1: M. C., admitted to the State Hospital for the Insane, December 9, 1907; white, female, American, housekeeper, age 30 years, married 11 years, three children, no miscarriages. In this State one year. Previously, for three years, in Cleveland County, N. C.

Previous History: Family very poor, but patient was healthy up to five years ago when menses ceased. In spring three years ago rash appeared on back of hands like sunburn, which spread in spite of treatment. Got better in cold weather but never entirely healed. Family produced all the corn they used. None of family or neighbors have had "eczema," but family physician said he had had a similar case. Patient developed symptoms of mental depression two or three years ago. Bowels have been constipated with occasional diarrhea, which has been constant and severe for three months before admission.

On admission: Extreme adynamia, stupid appearance; reluctance to exertion. Sat with bowed head and spoke in monosyllables, and only when spoken to; muscular system fairly preserved; axillary and suprapubic hair present; poor appetite, but intense thirst; temperature 97 degrees; pulse 80, regular and full; respiration 20; urine normal, as shown by repeated examinations; blood examination showed a relative increase of lymphocytes and a moderate degree of anemia. Gastro-intestinal symptoms: Abdomen flat; exhausting diarrhea, sometimes as many as twenty stools a day, light yellow to copper color; hookworms and eggs found by several observers. Skin: Slightly jaundiced; eczematous condition covered forehead, also alae nasi, malar bones, and chin, as well as dorsal surfaces of hands and feet; very scaly and rough on exterior surface of elbows and knees; no

sores or scars over shirts; (most of these regions were chapped and fissured); anaemic and puffy about eyes. Mouth: Foul breath; tongue deep red, and clean, straight and not tremulous. Lungs: Normal. Heart: Accentuated aortic second sound.

Nervous and Mental Symptoms: Tendon reflexes exaggerated; tabetic gait; stiffness of muscles; dull and melancholy; suspicious about food; occasionally mildly excited; pupils react to accommodation and slightly to light. Has slightly lost ground physically and mentally since admission. Has become more and more paretic, so that she had to be put to bed. Temperature varies between 96 and 99 degrees. January 1, 1908, she was given thymol, grains 15. Repeated January 12. Has made an assault on an old woman sleeping in room with her.

(After studying this case Dr. Stiles's comment was: "If this is hookworm disease, its symptoms are entirely different from those I am familiar with, and without microscopic examination I should place her in the doubtful class as regards uncinariasis.")

CASE II. R. P., admitted to the State Hospital for Insane December 2, 1907, colored, male. Age 30 years. History meagre. Mother is said to have died of old age. Mental symptoms developed slowly. History of apoplectic seizures. At times was incoherent and profane. Mind ran much on religion. Diarrhoea for three months, and eruption appeared on hands three months before admission. Physical examination: Patient very emaciated and anaemic. Deep reflexes somewhat exaggerated. Heart: At times soft, blowing systolic murmur; normal in size and position. Lungs: Negative. Abdominal organs normal except a slight enlargement of the spleen. Some slight tenderness upon palpation over abdomen. Cervical and inguinal glands somewhat enlarged. Skin: The forehead and face, especially over the malar bones, and the back of the hands present an erythemato-squamous eruption, cracked and fissured. Mental symptoms: Those of depression and apathy; a marked indisposition to exert himself. Temperature: Either normal or slightly subnormal. Pulse average 76. Respirations 20. Appetite poor. Sleep normal. Very persistent diarrhoea, not yielding at all to the usual modes of treatment. Tongue and buccal cavity red but no tendency to hemorrhage.

Died from exhaustion December 22, 1907.

CASE III. L. D., admitted to the State Hospital October 1, 1907, colored woman. Age 34 years, housewife.

Previous history: Married twenty years. Eight children. No miscarriages. In poor health six years. Worried over death of two brothers. Eruption appeared on face and hands two months before admission. No diarrhoea at that time. Mind affected two weeks before admission. Ten in family, none of whom had skin trouble, but a woman neighbor had a similar trouble from which she died. Produce the corn they use, except a little grits. On admission: Extremely weak. Paretic symptoms; increased kneejerks; muscular wasting. Heart: Systolic murmur at base. Lungs: Negative. Skin: Forehead, nose, malar prominences and chin covered with an eczematous eruption. Dorsal surfaces of hands and feet and of elbows and knees much thickened, darkened, chapped and fissured. Obstinate and exhausting diarrhoea. Died of exhaustion December 26, 1907.

CASE IV. Mrs. D. R. C., white. Seen in consultation with Dr. J. J. Watson, April, 1906. Age, 46 years; married, no children. No specific history. In good health up to 18 months previously. Then she became sleepless and "nervous," contrary to her habit. Soon afterwards she noticed a general weakness and an erythema appeared on the backs of her hands, extending from the metacarpophalangeal articulation to three or four inches above the wrist. No eruption on face, forehead, neck or feet. Examination showed heart, lungs, and other organs normal, and this conclusion was confirmed by careful and repeated examinations. Pulse persistently between 90 and 100. Temperature, A. M., 97; P. M., 98 to 99.2. Skin on dorsal surfaces of hands extending above wrists showed a pigmented, harsh, and scaly condition. Patellar reflex exaggerated. Tenderness over spinal column in mid-dorsal region. Right pupil dilated.

Nervous Symptoms: Persistent dull vertical headache. Was neurasthenic, hypocondriacal, and melancholy. No diarrhoea, bowels regular. Under best hygienic and medical treatment for eight weeks she did not improve. Since then she has been lost sight of.

* * *

Dr. D. S. Pope, of Columbia, recalls the

following cases, the records of which have been lost:

"About 15 years ago I had under my care at the South Carolina Penitentiary a case presenting this history:

CASE V. "White man, 40 years old, developed a crimson rash on the forehead and dorsal aspects of the hands. It was thought he had erysipelas, but it yielded very slowly to the usual treatment. The next spring the eruption returned in the exposed surfaces and extended to the cheeks, but it became of a squamous nature. He at this time developed an obstinate diarrhoea and the mental symptoms of melancholia. All treatment, including stimulation, proved of no avail. He became gradually exhausted and died during the late spring."

CASE VI: "About the same time I saw in private practice a white woman about 50 years of age, who had a scaly eruption on cheeks, back of hands, and neck, and a severe intractable form of diarrhoea. She was restless and delirious and for this reason I was called in by the family to decide whether she was properly a subject for commitment to the asylum. We got a nurse and kept her at home, but she died from an exhausting diarrhoea about two years from the time the eruption was first discovered."

* * *

The appended histories and observations are furnished us by Dr. L. K. Philpot, of Columbia, physician to the Epworth Orphanage, an institution located in the suburbs of Columbia, and having an average of 150 white inmates, who come from every portion of the state:

"I hand you herewith reports of some interesting cases of what clinically might be termed 'eczema,' but which also present symptoms of other pathological conditions:

CASE VII: "Lilian M; age 6 years. History was that of a healthy child, quiet, and of average intelligence. Father died at 50 years of age of unknown cause; otherwise no family history obtained.

"Clinical history: An eczema with reddish base appeared upon the dorsal aspects of feet, ankles, hands, wrists, forehead, cheeks and neck. The portions of the body covered with clothing were not eczematous. This condition continued for several months, when she developed diarrhoea and began to lose flesh and strength. Shortly afterwards she

began to show nervous and mental symptoms not unlike those of spinal meningitis. While sitting up she would gradually go forward until her head reached the floor, or she would fall from the chair. Varied treatment, including specific remedies, produced no effect. Finally, hookworms being found in her stools, she was given thymol and made a complete recovery.

CASE VIII: "Avery J; aged 10 years. Father and mother living and healthy. This child was well developed, both physically and mentally. A red scaly eczema appeared on the dorsum of both feet and hands, the ankles, wrists, forehead, cheeks and neck. No skin lesion on parts protected by clothing. He developed a diarrhoea and lost strength and flesh until he became a living skeleton. His condition did not yield to any treatment, either local or general. At this time hookworms were found in very large quantity, but he was too feeble to take the usual treatment. He developed mental symptoms of a stuporous type, and died of exhaustion.

CASE IX: "Morris L; aged 9 years; rather delicate child with no history. She, too, developed a scaly red eczema of the feet, hands, forehead, cheeks and neck. Lost strength and flesh. After some months she developed violent insanity, with symptoms of a spinal meningitis, and died.

"Until within a few days of the death of cases VIII and IX I did not know how to find the hookworms, nor did I suspect that this parasite was the cause of the condition of my patients. At this time I met Dr. C. W. Stiles, of the U. S. Public Health and Marine Hospital Service, and had him examine all the children at the Orphanage. In twenty-five, showing signs of eczema, the hookworm was found. By the exhibition of thymol the children were relieved not only of hookworms, but of eczema also. They have since been in good health. The clinical histories of the three cases above cited, presenting the combined symptoms of eczema, ground-itch, exhausting diarrhoea, and delirium, show to my mind what would have been the fate of the other twenty-five but for the timely eradication of the hookworm."

We have had accounts of similar cases from other physicians but have not been able to obtain their written histories in time for this paper. We have had be-

sides other cases in the State Hospital which help to give us a clearer clinical picture of the disease, but the records of them are not complete enough to be included.

We are aware that the notes on our cases are not as full as we should like, but we feel justified in making a preliminary inquiry and incomplete report at this time in order that it may be presented to your Board, so as to be included in your transactions for 1907. We also recognize that we are standing upon debatable ground and that while the questions we are raising may be somewhat novel in America, yet the problem of the origin and existence of pellagra as a pathological entity is an old or even a trite question in certain European countries.

Conclusions.

Finally, answering the queries at the heading of this paper, we feel justified in concluding from the evidence presented:

1. That true pellagra is a disease long known in southern Europe, due to eating defective Indian corn and manifesting itself in the spring by intestinal, skin, mental or nervous symptoms.

2. That pellagrous insanity is a mental condition, usually of the melancholy type, developing in patients already suffering from pellagra, as shown by the pre-existing skin and intestinal lesions.

3. That we are satisfied that a pellagroid disease occurs in South Carolina, but whether it is the true pellagra of Italy remains to be proven, as our observations, though very suggestive, are as yet too few for a final opinion.

4. That while the conditions described do not harmonize entirely as regards the season of the year—yet at least it very closely resembles Egyptian pellagra, even to the association with the anchylostomum worm.

5. That the condition we are dealing

with is not the form of pseudo-pellagra sometimes described, since it does not stop at the erythematous stage but presents the triad of symptoms—dermatitis, diarrhoea and depression.

6. That a form of mental disease has come under our observation that in its clinical aspects is identical with pellagrous insanity.

7. That the discovery of the hook-worm in some of our cases is a most interesting association with the disease but whether etiological, accidental or otherwise demands further inquiry.

8. That the probable occurrence of such a disease in South Carolina having been established, further clinical and pathological research is called for.

9. That the relationship between mental symptoms and hook-worm disease (uncinariasis or anchylostomiasis) and kindred diseases, especially in the Southern States, should also be a subject of further investigation.*

*(Note: As this report is being completed an article on "Uncinariasis" by Dr. William Weston, of Columbia, appears in the December number of The Journal of the South Carolina Medical Association, in which a case is described showing such mental symptoms that commitment papers were being taken out, but hook-worms being found, commitment was delayed. On the removal of the hook-worms the mental symptoms completely disappeared).

In justice to ourselves we may be permitted to state that we had arrived at the diagnosis of pellagra for our cases before we learned of the contributions of Searcy, and of Merrill, published in the Journal of the American Medical Association of this year. That is, we had been working on the problem independently, and did not know of the observation of probable pellagra in the United States until we had completed our own observations, arrived at the above conclusions, and reported them orally to your president and secretary;

and we were arranging them in their present form when our attention was called to the recent papers above referred to and now quoted from in this paper. The paper of Dr. Harris, of Georgia, is of especial interest, not only as being probably the first case of suspected pellagra reported as developing in the United States, but also because of the association with hookworm. The report of the Alabama hospitals came as our paper was going to press. To all of which we acknowledge our indebtedness as strengthening the position we have taken in concluding that pellagra has existed unrecognized for some time in our state.

We wish especially to express our obligations to Drs. J. J. Watson, D. S. Pope and L. K. Philpot, of Columbia, and to Drs. Robert Wilson, Jr., chairman, and C. F. Williams, secretary, of your Board, for advice and assistance regarding our problem, as well as in determining upon the best method of laying the matter before the profession of our state. Dr. Ch. Wardell Stiles, of the U. S. Public Health and Marine Hospital Service, also studied one of our cases and encouraged us in the work we were trying to do.

Our thanks are also due to Dr. G. J. Tuttle, superintendent McLean Hospital, Waverly, Mass.; to Dr. W. H. Dougherty, Jr., of Augusta Ga., and to Drs. Walter D. McCaw, and Robert Fletcher, and Mr. H. O. Hall, of the Army Medical Museum and Library, Surgeon General's Office, Washington, for their courtesy in lending valuable books and securing information not otherwise obtainable by us.

Respectfully submitted,
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REPORT OF EIGHT CONSECUTIVE CASES OF GUN-SHOT WOUND OF THE AB- DOMEN, WITH ONE DEATH*

By LeGRAND GUERRY, M. D.,
Columbia, S. C.

Mr. Chairman and Gentlemen of the Southern Surgical and Gynecological Association: We wish it understood, at the outset, that in this report we make claim neither to novelty nor originality; we plead, in part excuse for our justification two facts, namely, that by action of our council each member has to write a paper once in every three years; and secondly, that only one of these eight consecutive cases was lost.

CASE 1. Male, white, aged 32, a well nourished and perfectly healthy young man; as the result of a Fourth of July quarrel was shot in the abdomen with a 38-calibre pistol. The ball entered about three inches below the ensiform cartilage and on the left side, the course was upward and backward. After receiving the injury he stabbed his assailant in the spinal cord, severing it, and walked one-half mile. The patient was brought to the Columbia Hospital twelve hours after injury. Laparotomy was performed at once. The ball penetrated the duodenum in two places and there was extensive hemorrhage. Operation consisted of repair of the two perforations and removal of the blood, and draining, both from the local point of damage, and one stab wound just above the pubic bone into Douglas' cul-de-sac. The patient returned to bed with pulse 120 and in good condition. Recovery prompt and uneventful.

CASE 2. Male, white, aged 14; was accidentally shot in the abdomen by a 32 calibre rifle, the ball entering in the median

*Read before the Southern Surgical and Gynaecological Association, New Orleans, December, 1907.

line about three inches below the umbilicus. Patient was seen by me five hours after injury. His condition was only fair, with pulse at 120. Laparotomy was performed at once and five perforations of the small intestine were repaired. The abdomen was thoroughly drained in each flank and a drain placed above the pubic bone into Douglas' cul-de-sac. Patient returned to bed with pulse 140. Storming time for thirty-six hours, but recovery complete.

CASE 3. Male, colored, aged 28; was shot with a 28 calibre pistol obliquely through the abdomen below the umbilicus and two inches to the right of the median line; was brought forty miles to the colored hospital seventeen hours after injury; pulse 130, respiration 29. Immediate operation was done through the median incision. Twelve perforations of the small intestine were found, and considerable hemorrhage. Repair of perforations, thorough irrigation and drainage from sac of Douglas. Pulse on returning to bed, 140. Recovery.

CASE 4. This case is, on account of the number of perforations, age of patient and condition of peritoneal cavity, of unusual interest. Male, white, aged 12, a very small boy for his age; was injured by the accidental discharge of a 22 calibre rifle. The ball passed completely through the abdomen (transversely) just below the umbilicus. Owing to my absence from the city he was not operated on until twenty hours after the accident. His condition at the time of the operation was surprisingly good; pulse 115, temperature 101, respiration 24. Incision was made in median line below umbilicus; eighteen perforations of the small intestine and two of the ascending colon were found. There was considerable hemorrhage. Recovery prompt and complete. Here was a case of a very small abdomen with twenty per-

forations and the operation twenty hours after injury, with most extensive soiling of the peritoneal cavity.

CASE 5. This patient was a colored man, aged 29; 34 calibre pistol wound just above umbilicus, ranging downward and behind. There were eight perforations of the small intestine. Operation seven hours after injury; very little hemorrhage. Was shot before breakfast.

CASE 6. This case can be described as case five, since the only material difference was in the fact that case six had ten perforations and was shot after breakfast. Both were well nourished and vigorous men and both were under the influence of alcohol at the time of the shooting. Pulse in each case about 90, temperature 100, with practically no shock. Both cases were operated on as described, both recovered. One was shot eight and the other ten hours before the operation.

CASE 7. A young colored woman, aged 22 was shot, transversely across the abdomen, with 44 calibre pistol. This case was brought forty-five miles to hospital and seen by me eighteen hours after shooting, operation taking place one hour later. Pulse 140, temperature 101, respiration 32; shock pronounced; at operation found twelve perforations of the small gut and two of descending colon. Median incision, thorough irrigation, repair of perforations and drainage as already mentioned. This case died six days after operation. Autopsy was not allowed.

CASE 8. Male, white, aged 30. A deputy-sheriff was accidentally shot from behind by his pistol, a 44 calibre Colt weapon, falling out of his pocket. The ball passed through the lower lobe of the right lung, right lobe of the liver and grazed the hepatic flexure of the colon, not actually cutting through the mucosa. This case was seen seventeen hours after the accident and was in an alarming con-

dition from hemorrhage; abdomen, as well as the pleural cavity, was filled with blood. Pulse 150, temperature 98 by rectum. Immediately on starting the operation patient was given a pint of normal saline intravenously; bleeding was coming largely from the liver wound, which was sutured; the tear on the intestine was repaired, abdomen irrigated and blood removed; drainage to site of intestinal injury and gauze packing around the liver wound. Patient rallied and recovered.

We wish now, very briefly, to outline the method employed. For the sake of brevity, certain important points in the management of these cases were omitted in the individual report so that we could speak of them here. In the first place, whatever knowledge we may have of emergency abdominal surgery must be at hand and ready to wear. I am convinced that the hardest lesson to learn is when to stop. Cases that I have lost previous to this series were due to the fact that too much was being done. That surgeon is a good surgeon who knows when he is doing harm and will stop. The late Dr. Homans, of Boston, once said that nine men out of ten know what to do but the tenth man knew what not to do and he was the man.

Length of operation: These operations should be done just as quickly as is commensurate with thorough work and no quicker. Far be it from me to decry the rapidity that comes from dexterity and knowledge, but from some of the discussions that take place and from some of the articles we read one would think that the only thing connected with any operation was to get through in five minutes. These patients were all brought directly to the operating room. If no morphine had been given, they were given 1-8 to 1-4 grain as seemed best (hypodermically); they were warmly wrapped, and the

cleaning of the abdomen began immediately with administering ether; the advantage here being that the instant the patient was asleep the incision was made. Fifteen to twenty minutes of time is saved here.

In every case, as soon as the operation is begun the patient is given, either intravenously or sub-cutaneously, according to the indications, one pint of normal salt solution, with or without adrenalin; the temperature of the solution being 115 to 120 degrees. This is the routine procedure with us in all operations when shock is present and even when it is likely to occur. In all these cases, save the first, thorough irrigation of the abdominal cavity with salt solution was employed. We use the Blake two-way irrigator as by its use we lose no time and the work is thoroughly and accurately done. Just as soon as the abdomen is opened and irrigation decided upon the irrigator is introduced and kept going throughout the operation, an assistant changes from time to time the position of the instrument to insure thorough cleaning. Next a rapid search is made for any bleeding point, which is controlled, and then a careful search is made for the perforations, and this entails inspection of most of the intestinal tract. The coils of gut are received in warm abdominal pads and each perforation is clamped as found. When we are satisfied that all perforations are found the uninjured gut is rapidly returned after being cleansed with salt solution; the perforations are then repaired and the wound closed. If there is any segment of gut of doubtful vitality it is brought into the wound and with a strip of iodoform gauze placed on each side. We had recourse to this expedient in cases three and four. Sometimes resection of the gut is conservative. Drainage consists of a cigarette drain of iodoform gauze and protect-

ive tissue; we ordinarily place a drain in each flank and into the cul-de-sac of Douglas.

Every case in this series was placed in the exaggerated Fowler's position. We have been able to get this position most satisfactorily by using an ordinary roller chair, the back of which can be raised or lowered at will. Unless the location of the perforations prohibit, we use salt solution in the rectum as advised by Murphy.

We submit the above, gentlemen, for your consideration, with the knowledge that while it contains much that is bad we cherish the hope that you will find no more than the usual amount of unreasonableness.

NOTE: Since writing the above I have had another case of gun-shot wound in the abdomen, operated on 34 hours after injury. There were six perforations with diffuse peritonitis. Recovery.

ACUTE RHEUMATIC FEVER*

By J. H. ALLEN, M. D.,
Spartanburg, S. C.

Acute rheumatic fever, or what is more generally termed acute articular rheumatism, is an acute inflammation due to some micro-organism, which affects more especially the articulations and other fibrous tissue.

In recent years there has been quite a change in the opinion of the medical profession as regards the causative influence. The infectious nature of the disease, it seems to me, cannot be doubted, the many symptoms and the transitory nature of the inflammatory action coupled with the fact that the administration of certain specifics, as the salicylates, cause an immediate cure in some cases, even where the local

manifestation is very extensive, naturally drives us to the conclusion that we are dealing with a pathological condition of a more or less infectious nature. Up to the present date no special micro-organism has been acknowledged by the medical profession to be the specific cause of this disease.

The beginning of the disease is rarely ever preceded by a prodromic stage, except being frequently ushered in by an acute inflammation of the tonsils, and several authors have declared that the frequency with which an attack of tonsilitis precedes the development of acute rheumatism almost indicates a pathological relation between the two diseases.

We first notice an elevation of temperature and immediately, or very soon afterwards, we find severe pain and stiffness in one or more joints, though we rarely see a single joint affected, the involvement being nearly always multiple and usually affecting the larger joints, as the knee, elbow, ankle and shoulder. The diseased articulations are swollen, the skin appearing very tense, reddened, and sometimes slightly oedematous; the slightest movement of the joint produces pain of the most excruciating character.

The course of the fever follows no certain type. It begins usually with slight chilliness and the temperature rises in a little while to 103 or 104 degrees and remains at this point with slight morning remissions; it is lower in mild cases than those of a more pronounced type, where several joints are affected. In other words, it increases proportionately to the extent of joint involvement and is not absent even in the mildest cases. I have treated a case of acute rheumatism lately whose temperature registered 103 degrees every afternoon for two weeks.

A very characteristic symptom in this

*Read before the Spartanburg County Medical Society, Sept. 27, 1907.

disease is the excessive acid perspiration with which the patient is frequently bathed, followed by a sudamina all over the body, produced by the marked diaphoresis.

Like every disease of an acute nature, it tends to a spontaneous recovery and, to all appearances, does not continue into a chronic rheumatism. The affected articulations usually completely recover, though it sometimes leaves behind weakened and diseased heart valves, produced by an acute endocardial or pericardial inflammation, which complication is said to be present in about 25 or 30 per cent. of all cases. The cardiac complications may arise even in the mildest cases of rheumatic fever; they also may present themselves at any stage of the disease. This severe pathological condition is not followed by immunity, on the other hand one attack seems to predispose to another.

The prognosis, so far as life is concerned, is usually favorable, as in other diseases of an infectious type, the chief danger arises from the intensity of the disease, as shown by great elevation of temperature, grave nervous symptoms, and the cardio-vascular complications, which may render the disease grave or even hopeless.

Just at this time, it might not be amiss to report a series of six cases of acute rheumatic fever that came under my observation recently. Mr. B., and family, consisting of wife and four children, closed their house and left home for a vacation of two or three weeks. The house was not opened or ventilated during their absence. Upon their return home, they immediately occupied the house, sleeping in rooms that had not been ventilated for nearly a month. Whether this fact had any connection with the causative element in the disease or not, I am unable to say,

but, in less than one week after their arrival, the youngest member of the family, a girl of six years, was attacked with an acute articular rheumatism, showing all the local manifestations, severe pain and high temperature. In three or four days three other children, boys aged respectively nine, eleven and twelve years were stricken down with the same disease. In less than two weeks from this time the husband and wife were both confined to bed with the same condition. In other words, every member of a family, six in number, in bed with the rheumatism at the same time, a thing we seldom see. The joint symptoms were plain and pronounced in each case. The duration of the disease was from two to ten weeks. This, to my mind, was certainly an infectious type of rheumatism.

From a therapeutic standpoint, all acute rheumatic diseases, regardless of cause, have this in common: that the remedial agents that produce most effect for good belong to the salicylic acid group. The action of the salicylates is not well understood. They may possess a direct or specific action on the microbe, as shown by the marked reduction of the inflammatory action and the shorter course of the disease under their judicious use. I think, however, their routine employment in large doses very frequently does harm by producing great disturbance of the stomach and marked heart depression. As regards the mode of administration, Dr. Anders says: "The total daily amount taken is of more importance than the size and frequency of the dose; the amount of either the sodium or ammonium salt should not exceed two drachms in twenty-four hours." My plan has been to give ten grains each of salicyate of ammonia and bichromate of potassium every second hour until the pain is mitigated, and then at longer intervals.

In some cases the salicylates produce gastric disturbances and are not well taken. As a substitute salophen in ten to fifteen grain doses, administered every third hour, produces marked effect, relieving pain and reducing the temperature.

Aspirin, in ten grain doses, sometimes produces excellent results. During convalescence, iron and arsenic in some form should be given in full doses.

The local treatment is of great importance. In mild cases the affected articulation should be wrapped in cotton batting and bandaged. If the pain is very severe, local applications of lead and laudanum or Fuller's lotion seem to have a decided effect. Fixation of the joint with well-padded splints and bandaged moderately tight is frequently of the greatest service in allaying pain.

A great number of remedies have been advocated, from time to time, as being useful in the treatment and cure of rheumatism, but the truth is, there are some cases of the disease that resist all and every form of treatment and persist for weeks and even months with occasional relapses of great severity.

ACUTE GASTRITIS*

By F. L. POTTS, M. D.,
Spartanburg, S. C.

I have chosen for my subject acute gastritis, not so much for its importance as a primary disease or condition, but because it is at times a persistent and most annoying complication of certain acute infectious diseases that we are daily called upon to treat, such as typhoid fever, pneumonia, scarlet fever, etc., for it is in these diseases that we can, by ordinary care, prevent this most distressing condition.

The condition is either primary or sec-

*Read before the Spartanburg County Medical Society, Dec. 20, 1907.

ondary. The causes of the primary simple gastritis are mainly the following, viz: Food or drink when taken in an irritating form, is too hot or too cold, or if decomposed, or too spicy, or too bulky or coarse—all these act more especially on an empty stomach. Individual predisposition and sensibility have much to do with the case, and perhaps, too, heredity plays its part. Again, people with impaired vitality—such as for example anaemic individuals and those who are convalescing from acute diseases are more susceptible. For the same reason tuberculous patients are often infrequently a factor in its causation. Externally, heat and cold, when excessive, may induce gastritis though just why extensive burns on the external surface of the body should produce so frequently catarrhal inflammations of the mucosa is not understood. Lastly, there seems to be an epidemic form of the disease, the cause being doubtless some micro-organism, though the mode of infection is yet ill understood.

Secondary acute gastritis frequently develops with the general infectious diseases, such as measles, scarlet fever, erysipelas, pneumonia, etc., and may indeed be the primary condition which manifests the early symptoms, and this is especially so with children. In acute nephritis, again gastritis is a common secondary condition, with disease of the throat and with putrid bronchitis, gangrene, or other diseases of the lungs, or in other conditions in which the degenerated tissues are in part introduced into the stomach, a secondary gastritis may readily occur. The disorder, too, is not uncommon with, and as a result of intestinal diseases.

To my mind one of the most frequent causes of acute gastritis in the acute infectious diseases, is the treatment and dieting of the primary condition.

Symptoms: The symptoms may occur with or without fever. The subjective symptoms in primary cases are general malaise, headache and dizziness, the patient complains of anorexia, increased thirst, a sense of pressure and fulness in the epigastrium, eructations of gas, which is either tasteless or bitter, nausea is usually present, in most cases there is a vomiting of foul, very bitter material, consisting of more or less undigested food remnants, and much mucus. There may be bile. Such a vomitus has a very marked acid reaction though the HCL acidity is reduced. The objective symptoms are not specially characteristic; the tongue is usually coated and if fever is present there may be herpes labialis, there will be some tenderness in the gastric area, and perhaps fulness from distension, a more or less sub-icteroid condition may be added. The pulse is increased in frequency and is small in volume.

Course: Sometimes vomiting affords immediate relief, at other times the vomiting and symptoms are concurrent, not infrequently involvement of the intestines follows that of the stomach, and then after a preliminary constipation there is more or less persistent diarrhoea for one or more days. The intensity varies and in the milder cases there is even no vomiting. On the other hand, in those cases which are somewhat more severe rigor may be present with fever and herpes.

Diagnosis. An obvious cause is usually the important factor, and in addition the vomiting of coarse, undigested food after some hours, with much mucus and organic acids, suffices to render the diagnosis easy. The prognosis is generally good.

Treatment: Prophylactic measures are of especial importance in children and in the acute infectious diseases, inasmuch

as an improper diet is the frequent cause of gastritis. It is important, therefore, to avoid overloading the stomach with food which causes fermentation and more or less acute dilation of the stomach.

As for a direct treatment, it may be said that the condition often subsides of its own accord without any interference, and nature, by inducing vomiting and a subsequent anorexia carries out the two main therapeutic essentials. When vomiting has not occurred emetics often give relief, though lavage is perhaps the most thorough method of treatment. As for the use of drugs, few are of any importance calomel in broken doses being sometimes of service, carbolic acid and bismuth given in acacia are often of service; cocain has been used with varying results. However, an empty stomach and rest fulfill the indications for treatment.

THE USE AND ABUSE OF THE CURETTE*

By JULIAN CARROLL, M. D.,
Summerville, S. C.

There is perhaps no more common fallacy among medical men than that curettment is a most simple and harmless procedure—an operation to be lightly entered upon by the merest tyro in surgery—a sort of rubber ring upon which embryonic surgeons can easily and safely cut their surgical eye-teeth. As a matter of fact this operation is one of the most delicate and at the same time, if properly and thoroughly performed, one of the most difficult in the realms of minor gynecology. This statement may seem an exaggeration, but when I remind you of the experience of the late Dr. Horace Tracy Hanks who curetted a number of uteri at the Woman's Hospital prior to hysterectomies, and subsequently bisected them only to

*Read before the Dorchester County Medical Association, Jan. 6, 1908.

find that he had failed to touch a great part of the endometrium, you will see that I am not overstating the case.

The indications for this operation are:

(1). Endometritis; (2) To secure bits of tissue for diagnostic purposes in suspected malignancy; (3) To remove detritus in incomplete abortion or after labor; and (4) to clean out the broken down tissue of a cancerous cervix where the disease has progressed beyond hope of a radical cure.

Having determined that this operation is necessary there remains the choice of the instruments and the technique of the operation itself.

Choice of Instruments: For years gynaecologists have been growing eloquent as to the relative merits of the sharp curette, the dull curette, or the finger nail, as a means of denuding the mucous membrane of its superficial epithelium. Personally, it seems to me that it is entirely a matter of the indication at hand. For instance, one can usually operate with far less risk in a thick-walled uterus of a woman who has not borne children than of a recently parturient woman, and an instrument eminently proper in the former instance would be fraught with danger in the latter.

In curetting for endometritis authorities like Kelly and Ashton advocate the use of the sharp curette. Garrigues, while not so positive in his choice, seems to prefer this to the dull instrument in this condition.

In incomplete abortion Garrigues uses the index fingernail, aided by the dull wire curette. Kelly states most emphatically that the finger should never be used under any condition, and lays down the dictum that while it is almost impossible to render a septic uterus sterile it is very easy to render a sterile uterus septic. Know-

ing how difficult it is to render the finger nail aseptic, Kelly's position would seem absolutely correct.

Edgar uses both the sharp and dull curette under the above conditions, and my personal experience has led me to believe that they are both necessary at times, though the sharp instrument should be used with the greatest caution, and a large instrument should receive the preference over a smaller one. Having once had the misfortune to perforate a uterus in curetting for incomplete abortion and sepsis while using a sharp instrument, I have always since handled this instrument with the greatest tenderness. Later, in reading the discussion along this line before one of the leading gynecological societies of this country, I was comforted to learn that my experience was not unique, as most of the men present confessed to having had this accident happen a number of times in their gynecological practice.

Operation: Having shaved the vulva and mons veneris and thoroughly scrubbed the external genitals with green soap and sterile water, the patient is placed on the table in the dorsal position, the legs being supported by some reliable leg-holder such as Edebohl's, or those which usually accompany any complete operating table. The vagina is now thoroughly washed out with tincture of green soap and sterile water on cotton sponges; following this it is douched with either bichloride, lysol, or creolin solutions.

The position of the womb having been ascertained either bimanually or by the use of a sound, a self-retaining vaginal speculum is inserted, and the two lips of the cervix are caught in the bite of bullet forceps and drawn towards the vaginal outlet. The dilator is now carefully inserted into the os, and the blades slowly and firmly separated, first laterally then in

an antero-posterior direction, thus securing a uniform dilation of the cervix. Right at this point I want to emphasize the importance of avoiding much force, and of knowing the direction of the uterine canal, for often and over have inexperienced operators jammed the blades of the dilator completely through the posterior walls of the antiflexed uterus, under the impression that the canal was perfectly straight.

Having dilated sufficiently for the purpose in view, the operator withdraws his dilator and goes on to the next step of his operation. If he is curetting for a simple endometritis he proceeds with a medium-sized sharp curette to go firmly and evenly over the whole inner surface of the uterus, being careful to take off the whole superficial layer of epithelium, but not to go too deep. It is often advisable to use a special curette in each cornu, as with a large curette it is hard to get up into these corners.

If this curettement is being done for incomplete abortion, or for sepsis following child-birth, it is well after thoroughly dilating the cervix to insert the carefully asepticated finger and explore the uterine cavity before commencing to curette. At the same time one can safely remove any loose placental tissue or remains of the ovum. Having ascertained in a general way the condition within the cavity a large dull curette is now inserted, and with a gentle downward stroke the operator strives to free all adherent membranes and force them out through the external os. If any great difficulty is encountered in separating these membranes, a sharp curette may be used but great care should be exercised to prevent perforation of the very much softened uterine walls. If the ovum is of considerable size, or there is much placental tissue in the uterus, the

use of placental forceps will considerably expedite matters.

Having cleaned out the uterus as thoroughly as possible it is now well to administer a uterine douche either of normal salt, lysol, creolin, or bi-chloride solutions. If there is much bleeding, the womb may be packed with either sterile or iodoform gauze, but this is usually unnecessary. The toilet is now completed by an aseptic vaginal pad and a "T" bandage.

Dangers incident to this operation: Probably the danger we have to fear most from curettement is sepsis. Goodell, in his book written as far back as 1887, says: "I have about come to the conclusion, that, in gynecological surgery, it is not so much the wound that is dangerous as the infection of that wound." More recent observations have abundantly verified the truth of these conclusions.

I had this impressed upon me early in my medical career, while house surgeon in a Charleston hospital through the misfortune of a practitioner of extensive practice and wide experience. This doctor did not do surgery, and had no great respect for the tenets of antisepsis, but he considered himself fully competent to handle anything so trifling as a simple curettement. To my offer to sterilize his instruments he laughingly rejoined that he had curetted a number of cases with them as they were and he guessed they were good for one more. Unfortunately this case proved the one too many. This patient was put on the table without any preparation of either herself, instruments, or the operator, and an apology for a curettement done with a dull curette. The net result of this operation was a violent attack of pelvic cellulitis, coming within a fraction of resulting in this girl's death, and probably rendering her a permanent invalid.

Perforation of the uterus either with the dilators or curette: Congdon, of Buffalo, reports a number of perforations followed by serious complications in which laparotomies were necessary. In all of these cases perforation was followed by intestinal prolapse, and in one the thoroughly demoralized attendant, after pulling down several feet of intestine, cut it off and returned his patient to bed. A subsequent abdominal section with intestinal anastomosis resulted in a brilliant recovery. Needless to say this second operation was done by a different surgeon.

Bland Sutton, of London reports two very interesting cases along this line. In case No. 1, a young married woman was being curetted by her medical attendant. In dilating he ruptured the womb without being aware of it. Feeling a soft substance in the cavity of the womb he seized it and pulled it down. As it kept coming this wise attendant cut it off, subsequently discovering it to be the small intestine. Later an operation by Bland Sutton, in which he made an anastomosis of the severed ends of the intestine saved the patient. Case No. 2 was very similar, rupture likewise being caused during dilation, and was followed by intestinal prolapse; but in this case the physician wisely refrained from cutting off the intestine. A laparotomy followed by hysterectomy saved this case likewise.

Mann, of Buffalo, reports a case of perforation during attempted abortion by the use of a sharp curette. In this case a loop of intestine was caught and torn off. Laparotomy with closure of uterine rent and intestinal anastomosis resulted in the recovery of this patient. Dr. J. B. Harvie, of Troy, reports a similar case in which several feet of intestine were drawn and cut off. Kelly himself reports a case in which he ruptured a tubercular uterus in

dilating, necessitating a serious and radical operation to save the patient's life.

Indeed, these cases could be multiplied indefinitely on a careful search of medical literature, but it suffices for the purposes of this paper to report these few simply to emphasize the dangers which one may encounter in performing this apparently simple operation.

In conclusion let me lay stress on the fact that caution in technique and care in asepsis are quite as important in curettement as in abdominal surgery; and while this operation is quite within the reach of any cool-headed, careful practitioner, it is by no means too insignificant to refer to the specialist.

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- (2) Kelly, Operative Gynaecology.
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- (4) Garrigues, Diseases of Woman.
- (5) Edgar, Obstetrics.
- (6) Goodell, Lessons in Gynaecology.
- (7) Bland Sutton, Journal of Obstetrics.
- (8) Kelly, Operative Gynaecology.
- (9) Kelly, Operative Gynaecology.
- (10) Kelly, Operative Gynaecology.

County Societies

AIKEN.

The regular monthly meeting of the Aiken County Medical Society was held February 3d, at the Masonic Hall. There were a large number of the members of the society present and a most interesting meeting was held. The society met in the early afternoon, and after the usual business meeting the society became the guest of Dr. C. F. McGahan. A number of interesting papers were read and some excellent discussions were indulged in. After the regular business session the members went with Dr. McGahan to the Park in the Pines, where they dined as his guests. A most excellent banquet was held and was the social feature of the meeting. A delicious dinner was served and upon leaving each one present extended his thanks to their entertaining host for his unsurpassed hospitality.

ANDERSON.

The Anderson County Medical Society has decided to meet twice each month. We found that when we allowed thirty and sometimes sixty days to sandwich our meetings that we did not have much of a sandwich. The subject was discussed at the January meeting, and at the February meeting the vote was unanimously carried that we meet on the first Monday at 2:30 p. m., and on the third Monday at 8 p. m. A committee consisting of Drs. Gray, Townsend and Sanders was appointed to secure a room or hall to be used as a permanent meeting place. The room is to be fitted up and used as a Doctors' Club room. The plan for the night meetings has not been outlined as yet, but it is probable that it will be rather informal, consisting of voluntary papers, quizzes on appointed subjects, and reports and discussions of interesting cases.

The entertainment committee which was appointed for the meeting of the Fourth District Medical Society made its final report. Drs. Harris, Nardin and Ashmore were on this committee and the society "silently" thanked these gentlemen for their energetic services. The chairman, Dr. Harris, expressed great pride that every member of the County Society handed out his coin with apparent pleasure.

Three new members were received: Dr. W. C. Bowen, of Belton; Dr. J. W. Payne, of Honea Path; Dr. I. J. Burris, of Starr.

Pneumonia was the subject for study at this meeting and interesting papers were read by Drs. Sherard and Sanders.

The Chair announced LaGrippe as the subject for study for the March meeting, and called for voluntary papers for the night meeting on the 17th, inst.—J. R. Young, M. D., Secretary.

COLLETON.

Colleton County Medical Society held its last meeting of '07 on December 18th, at Ruffin, S. C. The attendance at this meeting was small. The time was spent in discussing dystocia and insanity following typhoid fever. Quite a number of clinical cases were reported. All present enjoyed the discussion first, and then the dinner, but a vote, I believe, would reverse this chronological order.

A resolution was introduced to charge

clergymen the same as other patients, but was deferred until the next meeting for further action.

The society meets again at Walterboro, S. C., at 11 a. m., Jan. 28th, '08. At this meeting the following papers will be read: Dr. H. M. Carter, "Artificial Infant Feeding;" Dr. W. B. Grigsby, "Burns and Scalds."

At some time in the near future there is to be given a series of public lectures under the auspices of the Colleton County Medical Association for the purpose of aiding the State Board of Health in its work of enlightening the public mind on the subject of hygiene.

At the next meeting the society will express itself on the recent action of the Nurses' Association. It seems to be the consensus of opinion that our society will agree with that of Richland County in this matter.—L. M. Stokes, M. D., Sec'y.

GREENVILLE.

The Greenville County Medical Society met at twelve o'clock, February 3rd, Dr. Jervey in the chair. The minutes of the January meeting were read and approved.

Weston on Hook-Worms.

On motion the privileges of the floor were extended to Dr. William Weston, of Columbia, S. C. Thereupon Dr. Weston read to the society a most excellent and instructive paper on the subject of "Uncinariasis." If Dr. Weston's figures are correct (and he has given the subject more study, perhaps, and has had a larger experience with the disease than any other man in the state), the profession at large is guilty of the most appalling neglect and indifference; for on the doctor's statement the disease is very prevalent, easily and certainly diagnosed, and absolutely curable. On request of the society Dr. Weston's paper was turned over to the secretary and will appear in a future issue of the Journal where all can read for themselves, and we trust that every physician in the state will give it the serious thought and perusal it deserves. It was a great pleasure to the society to meet Dr. Weston and hear his paper. On account of the absence of Dr. Delk, his paper on Pyemia was postponed until the next meeting.

Miscellany.

Under miscellaneous business the following committees reported: First, the Committee appointed to devise ways and means for

organizing a sub-anti-tuberculosis league under the State Anti-Tuberculosis League, of which Dr. A. Bethune Patterson is president. After this discussion, and on motion, this committee was discontinued. Second, the committee appointed to draw up a petition to the Legislature praying a change in the medical laws so that only physicians may hold positions of health officers in the towns and cities of this state. The committee, after stating that it had been unable to get together, was continued.

On motion the Secretary was instructed to write a note of apology to Dr. T. C. Stone, for failure to notify him of his election into the society at the meeting last February, and also for the failure to record his name as a member on the society's books.

At the request of the society, Dr. Furman read the proposed amendments to the Practice Act, as now before the South Carolina State Legislature, the same being recorded by the secretary as information. A letter was read from Dr. Mary R. Baker, Secretary of the Medical Society of Columbia, calling attention to a resolution recently passed by that body opposing the action of the Nurses' Association in their raise of fee from \$21.00 to \$25.00 per week, and requesting the co-operation of this body in that opposition. On motion the latter was received as information and the secretary requested to write Dr. Baker of the society's disposal of the matter.

Next Meeting.

The program as arranged for the March meeting is:

First, a paper on "Pyemia," by W. H. Delk; leader of discussion, Dr. W. C. Black.

Second, a paper on Cerebro-Spinal Meningitis, by Dr. C. W. Gentry; leader of discussion, Dr. H. L. Shaw.

The roll call showed the following members present at this meeting: Drs. Black, Brawley, Bailey, Burnett, Carpenter, Earle, T. T., Earle, J. B., Earle, C. B., Furman; Gentry, Goodlet, Hendrix, Jervay, Mauldin, L. O., Shaw, Simpson, Stevens and Wallace.—W. M. Burnett, M. D., Sec'y.

LEE.

At the regular meeting of the Lee County Medical Association, Jan. 23rd, the following officers were elected for the coming year:

President, Dr. B. L. Harris; vice-president, Dr. R. O. McCutchen; secretary and treas-

urer, Dr. L. H. Jennings; delegate to State Medical Association, Dr. C. W. Harris; member of scientific committee, Dr. L. H. Jennings.

Besides the routine business of the society, the treatment and care of diseases are discussed, and sometimes interesting papers along these lines are read by the members. They also invite distinguished members of the profession to deliver public lectures on subjects of interest and importance to the community.

Dawson on Tuberculosis.

One of these lectures was delivered earlier in the month by Dr. John L. Dawson, of Charleston, on the prevention, treatment and care of "Tuberculosis." The distinguished lecturer handled the subject with the skill of an expert, and all who heard him were much benefited by his plain but vigorous words. Lieutenant Governor McLeod introduced him to the audience in his usual pleasing way.

Dr. Dawson dealt with the danger of the great carelessness of consumptives in expectorating—advised the use of paper cups to retain the sputa as they are thrown off—these cups to be burnt as soon as possible. He strongly denied the incurability of the disease if treated in time. He spoke of the danger of consumptives going to some supposedly healthful climate when any place where pure air was obtainable would do as well. Often this removal only serves to make the disease more widespread. He recommended sleeping out of doors, but laid special stress on the nourishment of the patient. He denied the inheritance of "tuberculosis"—if a child of tuberculosis parents were removed at birth to a healthy locality there would be no trace of the disease exhibited.

If Dr. Dawson's advice be followed there seems to be no doubt, according to his theory, that the spread of the dread white plague would be checked and by persistence the disease would be eradicated.

Baker on Tuberculosis.

At the close of Dr. Dawson's lecture an interesting paper on the same subject was read by Dr. S. C. Baker, of Sumter.

PICKENS.

The Pickens County Medical Society met at Easley, February 5th. Dr. C. N. Wyatt has kindly invited the society to hold meet-

ings in his office.

The secretary is pleased to state that the president, Dr. R. J. Gilliland, after a severe attack of la grippe, was able to resume the chair.

Libet Societati.

The attendance at our meetings is unusually good and considerable interest is being manifested in the society. The influence of the Journal is spreading rapidly to all the members of the profession, and we congratulate the esteemed editor for his untiring efforts to infuse the spirit of fraternity and activity throughout the state organization. We hope his interest may never grow less, and that his fruitful pen may continue to trace the pages of the Journal.

Reports and Papers.

Dr. Ponder reported a case of la grippe in an old lady of 65 years, the subject of chronic bronchitis. Profound depression existed from beginning. Supportive treatment seems not to restore strength.

Dr. Tripp reported an interesting case of necrosis of coccyx; probably from former injury.

Dr. Sheldon read a paper on "Medical Ethics," in which he set forth in a classical manner our fraternal relations, and that of the physician and layman.

To Sign Up Fee Bill.

A motion by Dr. Wyatt was adopted that every physician in the county be requested to sign the fee bill as adopted by the physicians of Pickens County recently, and that a copy of same be sent to the societies of Greenville and Anderson for the purpose of exchange.

Election of Officers.

Officers elected for the ensuing year are as follows: President, Dr. R. J. Gilliland; vice-president, Dr. C. N. Wyatt; secretary and treasurer, Dr. H. E. Russell; delegate, Dr. W. A. Tripp; Board of Censors: Dr. J. L. Bolt, 3 years; Dr. E. F. Wyatt, 2 years; Dr. W. A. Tripp, 1 year.

Standing committee of program: Dr. E. B. Webb, Dr. L. T. Shirley and Dr. J. O. Rosa-

Personal

Dr. Jno. M. Klein and Miss Lucile McTeer, both of Walterboro, recently announced their engagement. His many friends are extending to him the "glad hand" and best wishes.

Dr. T. G. Kershaw, who left his practice at Meggett's last October to go West for his health, has a remunerative position in a Field Hospital in Nogales, Mex. He is greatly improved in health, and is expected to return to his home soon.

Mr. Boyden Nims, formerly of Mount Holly, N. C., has opened a complete chemical and bacteriological laboratory in Columbia, and in the advertising pages of this issue solicits the patronage of the profession of the state. He is a graduate of the University of Illinois, and has seen service in various institutions and in the Hospital Corps of the U. S. Army, during part of which time he was in the Philippines.

Dr. W. G. Sexton, a well-known physician of Spartanburg, was assaulted and robbed by two men at an early hour on January 15th, while in his stable looking after the feeding of his horses. He had just entered the stable when a man approached from behind and catching hold of the physician, jerked him to the ground and sat on his head while the other robber went through Dr. Sexton's pockets, securing \$21. Being weak from a recent operation, Dr. Sexton was unable to make much resistance. In falling to the ground his back was painfully injured.

Dr. Robert C. Brown, of Lancaster, was married to Miss Daisy McIntyre, of Marion, on January 22nd. Mrs. Brown is one of the most beautiful women of that section of the state and is the daughter of Mr. Douglas McIntyre. The ceremony was performed by Dr. E. O. Watson. Dr. and Mrs. Brown left on the evening train on their wedding journey.

Dr. Carl A. Foster, of Timmons ville, son of the late Dr. Joseph Foster, of Lancaster, was married on the 19th of February to Miss Carrie Low Dorroh, daughter of Mr. and Mrs. William T. Dorroh, of Laurens.

Dr. Rosa L. Gantt, of Spartanburg, has been honored by being elected a councillor of the American Civic Association, which is

The French, with characteristic facility, have invented the term "appendiculaires" for those having a chronic or recurrent appendicitis. This term carries no small distinction, at least in our best society where those who cannot be millionaires may still be appendiculaires.—Penn. Med. Jour.

working for the improvement of cities and towns. She contributed several pages to their official organ which attracted attention and caused her election. She is a native of Charleston.

News and Miscellany

STATE HEALTH OFFICER.

The bill introduced by Mr. Nash to establish the office of State health officer passed the House, and it is hoped and believed that before this appears it will have passed the Senate and become a law. The motion by Mr. Aull to strike out the enacting words was voted down by a vote of 73 to 20.

The bill was opposed by Dr. Patterson and Mr. Norton. Mr. Nash made a strong argument for its passage, and was supported by Dr. Wyche, Dr. Sawyer and others.

The bill provides:

That upon the approval of this Act by the Governor, the executive committee of the State Board of Health shall elect a state health officer, who shall be a graduate of a reputable medical college and a physician, skilled in hygienic and sanitary science; he shall qualify by giving an official bond in the usual form, in the penalty of two thousand dollars, conditioned for the faithful discharge of his duties, to be approved and filed as the bonds of other state officers, and shall take the oath of office, and the usual constitutional oaths required of a state officer; he shall hold office at the pleasure of the executive committee of the State Board of Health and until his successor is elected and qualified; he shall receive an annual salary of \$3,000, and his necessary traveling expenses, payable quarterly, out of the contingent fund appropriated to prevent the spread of contagious and infectious diseases, on the warrant of the comptroller general, on accounts approved by the State Board of Health; he shall hold his office in the city of Columbia, furnished him by the state.

The state health officer shall be the secretary and executive officer of the State Board of Health, and shall have power to administer oaths and take depositions in the line of duties; and when directed by the executive committee of the State Board of Health, or by the chairman, when the board is not in

session, he shall investigate the reported causes of communicable or epidemic disease, and shall enforce or prescribe such preventive measures as may be needed to suppress or prevent the spread of said diseases, by proper quarantine or other measures of prevention, as may be necessary to protect the citizens of the state. The state health officer shall have power, and it shall be his duty, to declare, when the facts justify it, any place to be infected, and in case of hydrophobia, or other diseases transmitted from animals to man, he shall declare such animal or animals to be quarantined, and shall place all such restrictions upon ingress or egress of persons or animals therefrom as may be, in his judgment, necessary to prevent the spread of disease from the infected.

All sheriffs, or constables, in the several counties of this state, and police or health officers of cities and towns, shall aid and assist the state health officer and shall carry out or obey his orders, or those from the State Board of Health, to enforce and carry out any and all restrictive measures and quarantine regulations that may be prescribed; and the said state health officer shall make immediate report of his acting and doing to the State Board of Health or its chairman, when the Board is not in session.

The State Board of Health, or its chairman, when the board is not in session, shall have power, by its actions or through its health officer, to impose upon all railway and navigation companies, vessels or cars such restrictions and regulations as to inspections, quarantine or sanitary rules as, in their judgment, may be necessary to protect the health of the people of the state, and which are not in conflict with acts of congress already passed or that may hereafter be ordained in that regard.

It shall be the duty of the state health officer, when it is deemed necessary by the State Board of Health, or by the chairman, when the board is not in session, to visit cities, towns, villages or localities where disease is prevalent or threatened, and to investigate and to advise with the local authorities or persons as to such measures as may tend to prevent the spread of disease, or to remove or abate causes that may tend, cause or intensify diseases, and to advise, when practicable or possible, as to measures of sanitation and hygiene, and to investigate

and advise as to all matters as to food or water supply, sewerage or drainage, or as to ventilation or heating or lighting, or other measures connected with public sanitation or safety.

The state health officer shall be secretary of the executive committee of the State Board of Health; he shall be the custodian of books, papers, instruments or appliances belonging to the State Board of Health, or that may be entrusted to his care. He shall summon the board to meetings, and shall attend all meetings of the board and discharge the duties appertaining to the office of secretary.

THE MEDICAL PRACTICE BILL.

At the meeting of the legislative committee of the State Medical Association in conjunction with members of the association from nearly every county in the state, a bill was drawn up looking toward the improvement of the law now existing as to medical practice in this state.

The Bill.

To amend an act entitled "An act to regulate the practice of medicine in South Carolina, to provide for a State Board of Medical Examiners and to define their duties and powers," approved February 27, 1904.

Section 1. Be it enacted by the General Assembly of the State of South Carolina that an act entitled "An act to regulate the practice of medicine in South Carolina, to provide for a State Board of Medical Examiners and to define their duties and powers," approved February 27, 1904, be and the same is hereby amended by inserting immediately after section 5 thereof a section to be known as section 5a, as follows:

"Section 5a. The said Board of Medical Examiners is hereby authorized and empowered to suspend or revoke subject, on appeal, to revision by the circuit courts of the state, by a majority vote of its total membership, the license of any practicing physician or surgeon qualified under any provision of this act, and whether qualified prior or subsequent to the passage of this act, after due notice and fair opportunity for hearing, upon its being made satisfactorily to appear that the holder thereof is guilty of felony or gross immorality or is addicted to the liquor or drug habit to such a degree as to render him or her un-

worthy or unfit to practice medicine in this state or has been convicted in a court of competent jurisdiction of illegal practices. And the said board is further authorized and empowered to administer oaths in the taking of testimony upon any and all matters pertaining to the business or duties of the board."

Section 2. That said act be, and the same is hereby, further amended by striking out Section 13 of said act and inserting in lieu thereof the following:

"Section 13. It shall be unlawful for any person or persons to practice medicine or surgery or any branch or specialty of the same in this state, who has failed to comply with the provisions of this act, and anyone violating the provisions of this act shall be deemed guilty of a misdemeanor, and for each offense, upon conviction by any court of competent jurisdiction, shall be fined in any sum not less than fifty dollars, nor more than three hundred dollars, or imprisonment in the county jail for a period of not less than thirty, nor more than ninety days, or both, at the discretion of the court; one-half of the said fine to go to the informant, and the other half to the state; Provided, That dentists and mid-wives shall not be subject to the provisions of this section; Provided, further, That the State Board of Medical Examiners shall issue license to osteopaths and homeopaths specifically for the purpose of practicing respectively when the applicant presents a diploma from a duly authorized school of osteopathy or homeopathy and satisfactorily passes examination before the State Board of Medical Examiners on all regular branches upon which applicants for license to practice medicine are examined except materia medica and therapeutics, major surgery and the practice of medicine.

Section 3. All acts and parts of acts inconsistent with this act are hereby repealed.

Section 4. This act shall go into effect immediately upon its approval by the governor.

A CREDITABLE INSTITUTION.

Amidst a grove of oaks in one of Greenville's western suburbs, a strikingly attractive building has arisen almost magically within the last few months.

This is the Corbett Home, a private institution for the care of nervous invalids and

drug and liquor addicts. The structure is about 150 by 50 feet, consisting of a basement, and two full stories and a half. Its capacity at present is twenty-five patients, but dormitories may be added as needed without injury to its architectural symmetry.

The building is veneered with buff pressed brick, and roofed with Spanish metallic tile, producing an impressive and harmonious effect. Its wide verandas, and balcony extending on front and side afford in this genial climate out-of-door exercise all the year, even for the invalid and infirm.

Steam heat, electric lights and gas; a system of call-bells and house-phones contribute to the comfort of patients as well as to the facility of management. Arrangements are complete for the use of modern electro-therapeutic appliances, vapor, shower and electric light baths.

The value of entertainment and amusement of convalescents as a therapeutic measure has been recognized and provided for in pool, billiard and club room, and other means of diversion. Care has been exercised in minute detail to furnish a home for nervous invalids that will afford them every reasonable comfort and contribute to the restoration of their health.

The resident physician's apartments are connected in such manner as to insure the utmost privacy to the patients. And the building and grounds while sufficiently isolated to obtain freedom from noise and intrusion, are just one block from the street car line, thereby accessible to and from railway stations, and other points of the city.

The Home will be ready for occupancy and the reception of patients March 1st.

PELLAGRA IN SOUTH CAROLINA.

It is not a particularly welcome discovery to find a new and serious disease endemic in a region hitherto supposed to be free from it. The report of Dr. Searcy of the discovery of pellagra in the Mount Vernon Insane Asylum in Alabama is now supplemented by a similar report by the medical officers of the State Hospital for the Insane at Columbia, S. C., with detailed clinical histories of a number of cases there observed. They conclude that a disease of this type occurs in that state and that the characteristic form of mental disorder it produces is also observed. Since it

is estimated that in southern Europe only about 10 per cent. of the victims of the disease present those mental symptoms the occurrence of a number of cases in the asylum would indicate the existence of a much larger number in the general community. It is somewhat remarkable that, considering the large part taken by maize in the diet of the inhabitants of large sections of this country, the disorder has not been recognized before. The most natural way to account for it, perhaps, is to assume that the particular form of bacteria or fungoid infection is a comparatively recent riot from southern Europe, Mexico or Central America. In every case in which it has been noticed, it appears to have been connected with the ingestion of damaged corn meal. The fact that hookworm disease, now known to be endemic in large sections of the Gulf States, was a comparatively recent discovery in that region, suggests an unpleasant possibility that pellagra may be found more prevalent than has yet been demonstrated. The coincidence of the two disorders in some of the South Carolina cases is of interest, and, as the report says, calls for further inquiry.—
Jour. A. M. A.

SURGEON-GENERAL WYMAN ON DEATHS FROM ANTITOXIN.

(From The Jour. Amer. Med. Asso.)

(The attention of the Surgeon-General of the U. S. Public Health and Marine-Hospital Service was called to the three deaths following the use of diphtheria antitoxin, and he was asked if any investigation of the antitoxin used had been made by the service. The following is Surgeon-General Wyman's reply):
Washington, D. C., Jan. 30, 1908.

To the Editor: I desire to acknowledge the receipt of your letter of January 25, referring to recent reports appearing in The Journal of fatalities following the use of diphtheria antitoxin, inclosing report of another case from Dr. E. L. Boone, New Martinsville, W. Va., and requesting to be informed if the service has made any investigations in relation thereto.

In reply, I have to state that samples of serum of the same laboratory number and issued by the same manufacturer were received from Dr. Wiley, of Norristown, Pa., who reported the fatal case in The Journal, Jan. 4, 1908. These samples were examined in the Hygienic Laboratory and found to be sterile,

so far as bacterial contamination is concerned, and further, to contain no toxic substance for guinea-pigs or mice. Some of this serum was injected into guinea-pigs and subcutaneously into mice. Steps have also been taken to secure samples of the serum in the cases reported from Cuba, N. Y., and New Martinsville, W. Va.

It is evident, from the examination made thus far, that this serum was not contaminated, and this case in all probability is an example in man of hypersusceptibility to horse serum which can easily be induced in animals by spaced injections of horse serum. The phenomenon of hypersusceptibility has received very careful study in the Hygienic Laboratory during the past two years in connection with the examination of serums provided for in the law of July 1, 1902, and it can positively be stated that diphtheria anti-horse serum, and is itself harmless. The detoxin plays no part in the poisonous action of tailed results of these investigations have been published in Hygienic Laboratory Bulletin Nos. 29 and 36.

The symptoms following spaced injections of horse serum in animals are very characteristic, and indicate that the poisonous principle centers as shown by the fact that respiratory centers is shown by the fact that respiration in fatal cases ceases long before the heart stops beating. Similar symptoms were reported in the human cases under consideration, and the patients were in all probability sensitized, in some as yet unknown way to horse serum. It is significant that two of the patients reported were afflicted with asthma, which disease is regarded as a neurosis. The results in these cases, and one other, of which the bureau has knowledge, may furnish important clinical information to the effect that antitoxin should not be used, or only with caution in persons with asthma, or subject to asthmatic attacks.—Walter Wyman, Surgeon-General.

SMITHSONIAN INSTITUTION

Hodgkins Fund Prize.

The Hodgkins Fund Prize of \$1,500 is offered by the Smithsonian Institution, Washington, D. C., in accordance with the following announcement:

In October, 1891, Thomas George Hodgkins, Esquire, of Setauket, New York, made a donation to the Smithsonian Institution, the

income from a part of which was to be devoted to "the increase and diffusion of more exact knowledge in regard to the nature and properties of atmospheric air in connection with the welfare of man."

In the furtherance of the donor's wishes, the Smithsonian Institution has from time to time offered prizes, awarded medals, made grants for investigations, and issued publications.

In connection with the approaching International Congress on Tuberculosis, which was held in Washington, September 21, to October 12, 1908, a prize of \$1,500.00 is offered for the best treatise that may be submitted to that Congress "On the Relation of Atmospheric Air to Tuberculosis."

The treatise may be written in English, French, German, Spanish or Italian. They will be examined and the prize awarded by a committee appointed by the secretary of the Smithsonian Institution in conjunction with the officers of the Internal Congress on Tuberculosis.

The right is reserved to award no prize if in the judgment of the committee no contribution is offered of sufficient merit to warrant such action.

The Smithsonian Institution reserves the right to publish the treatise to which the prize is awarded.

Further information, if desired by persons intending to become competitors, will be furnished on application.—Charles D. Walcott, Secretary, Smithsonian Institution.

Washington, February 3, 1908.

MINUTES OF THE FOURTH DISTRICT MEDICAL ASSOCIATION, ANDERSON, S. C., JANUARY 27th, 1908.

The Fourth District Medical Association convened at Anderson, S. C., Jan. 27th, 1908, and was called to order by President H. R. Black at 12 a. m. There were more than fifty members and visitors present.

Dr. J. W. Jervey moved that all papers be handed to the Secretary for publication in the Journal of the South Carolina Medical Association, after which the program was entered upon, the first paper being that of Dr. E. W. Carpenter on Ocular Injuries, which was discussed by Drs. Jervey, W. H. Nardin, Jr., and Harr's.

Dr. F. L. Potts read his paper on abdominal drainage. Discussion participated in by Drs.

Earle, Black and Orr. Dr. Potts closed by reporting several interesting cases illustrating his methods by request.

The next paper was "Successful Treatment of Catarrhal Deafness," by Dr. J. W. Jervey. The Doctor presented some valuable photographs showing the anatomy of the nasopharynx and adjacent structures. Dr. E. W. Carpenter discussed this paper.

Dr. C. W. Gentry gave the Association a rare treat by dispensing entirely with manuscript on the difficult subject of Epidemic Cerebro-Spinal Meningitis. Interesting remarks followed by Drs. Hines, H. R. Black, J. Lee Sanders and W. H. Nardin, Sr. The long and valuable experience of the latter was alluded to and received with marked attention by every doctor present.

The paper by Dr. J. C. Harris, reporting "Successful Treatment by Laparotomy of Gun Shot Wound" brought the surgeons to their feet, among whom were Drs. C. B. Earle and W. C. Black, commending every doctor, if at all possible, to try to save such patients by early operations.

Dr. L. O. Mauldin read his paper on "Headache as a Symptom," which was discussed by Dr. E. W. Carpenter.

Dr. J. Lee Sanders read his paper on "Ulcers," discussed by Drs. Dendy, Ashmore and Mauldin.

The last paper was by Dr. E. A. Hines, "Rare Cases of Obstetrics." The limited time prevented discussion.

At 3 p. m. the meeting adjourned to accept an invitation to visit the magnificent new hospital which has been built by the Anderson County Medical Society and the people of Anderson.

At 4:20 a six-course dinner awaited the attention of the doctors at the Chiquola Hotel. This splendid evidence of the hospitality of the Anderson County Society proved so interesting that the passing moments were scarcely noted, when the genial toastmaster, Dr. W. H. Nardin, Jr., called for speeches from President Black and Secretary Hines.

To Meet in Seneca Next Year.

Unfortunately, news from the depot inspired a "time's up" from the toastmaster, and we had to forego the speeches of the Mayor and other distinguished citizens present. By a rising vote the Association accepted an invitation to meet at Seneca next year.—E. A. Hines, M. D., Sec'y.

Correspondence

BRAVO.

Charleston, S. C.

To the Editor: Having been a "melancholy martyr" but a short while, my letter to the Journal has been overlooked. This piece of "torpescentism" was brought to my attention by your stinging rebuke, "In Memoriam." However, in the future, the fear of dissolution and decay will spur me on and I hope to let you hear from me by the fifth of each month.—A. J. Jervey, M. D., Sec'y Med. Soc.

Feb. 14th, 1908.

A CORRECTION.

Greenville, S. C.

To the Editor: In my report to the State Board of Health published in the January issue of the Journal, appears the statement that I had to visit Westminster twice before I succeeded in getting a report of cases of scarlet fever. I should have stated "complete report." Drs. Walker and Strickland at my first visit co-operated and aided me. Dr. Carter, who is chairman of the local board of health, also aided me much. It was at my second visit that I was able to get a complete list from the other doctors.—G. L. Martin, M. D., Agent S. B. H.

Feb. 14th, 1908.

A LIVE AND ACTIVE MEDICAL SOCIETY.

Eddington, Pa., Jan. 22, 1908.

To the Editor: While on a visit to the sunny South a few months ago I had the pleasure, in company with Dr. Andrew A. Walden, of North Augusta, of meeting the members of the Aiken County Medical Society at their monthly meeting, and had I not at that time been just convalescing from an attack of fever, I certainly would have enjoyed the very elaborate and excellent repast set out on that occasion for the members and their friends, and more especially would I have enjoyed the reading of papers prepared for that occasion on the subject of "Arteriosclerosis." I must say that I have never noticed at any meeting of medical men so much enthusiasm and intense interest and yearning for knowledge as was displayed by the younger and older members, in their discussions of this intricate and very interesting

subject which is claiming so much attention from the medical fraternity at this time. And it occurred to me while listening to those very able papers, that if all our medical societies were to take as active an interest in the meetings of their society, how much better it would be for the members and their patients. The eagerness of those members (removed as it were from a medical centre) to cull from their store of knowledge and from standard medical works, and the fraternal interests exhibited towards each other on that occasion cannot but tend to promote harmony and kindly feeling among all the fraternity; and I am sure that the people of Aiken and surrounding country can well trust their lives in the hands of the very competent and earnest physicians of the Aiken Medical Society, who are seeking after knowledge and working so faithfully for the benefit of the community at large. My only regret was that I was obliged to leave the meeting before the discussions were closed, on account of feeling very poorly in health at that time.—George H. Stroup, M. D.

Obituary

JAMES M. JOSEY, M. D.

James M. Josey, of Lamar, died at the home of his mother, near Lydia, Darlington County, Feb. 11th, and was buried at the Gully Church.

Dr. Josey was about 28 years of age and graduated at the University of Maryland Medical School in 1904. He had been a sufferer from tuberculosis for several months past.

He was a son of the late Dr. J. M. Josey and was unmarried.

EDWARD J. KINLOCH, M. D.

After an illness confining him to his home for about ten days, Dr. Edward Jenner Kinloch died at twenty minutes past 4 o'clock a. m., Jan. 31st. Dr. Kinloch had been in declining health for some months past. He was the third son of the late Dr. Robert Alexander Kinloch, of Charleston. Receiving his early education in the best private schools of Charleston, Dr. Kinloch attended for a year the University of Virginia, after which he took a special course of study at the Johns Hopkins University, in Baltimore, prepara-

tory to entering upon his course of study in medicine. He was graduated from the Medical College of the State of South Carolina, Charleston, in January, 1892, and immediately entered upon the practice of his profession in that city. His health failing him about four years ago, he visited California, where he spent about one year, returning to Charleston, where he remained but a short while, when he removed his residence to Summerville, where he has lived and practiced for the last two and a half years. Dr. Kinloch married Miss Daisy Sharp, of New York, who, with two children, a son and daughter, survive him. Dr. Kinloch was only 38 years of age. His death is a distinct loss to the community and will be keenly felt by both patients and friends.

Book Reviews

A TEXT-BOOK OF MINOR SURGERY.

By Edward Milton Foote, A. M., M. D., Instructor in Surgery, College of Physicians and Surgeons (Columbia University); Lecturer on Surgery, New York Polyclinic Medical School; Visiting Surgeon, New York City Hospital; Visiting Surgeon St. Joseph's Hospital; Consulting Surgeon, Randall's Island Hospital and School; Formerly Chief in Surgery at the Vanderbilt Clinic. Illustrated by four hundred and seven engravings from original drawings and protographs. Pp. 752. D. Appleton & Company. New York and London. 1908.

Dr. Foote reminds us that the neglected field of minor surgery is the only one into which the average practitioner will ever enter, and is also the one in which most surgeons will find the majority of their patients. He has given us a book which deals in a thoroughly satisfactory manner with every day problems of surgical practice. There are many works, and some of them in many volumes, dealing with the more serious surgical conditions, while the treatment of the minor ailments is condensed under a thoroughly impractical chapter or so. Dr. Foote adds justly that the importance of minor surgery is not recognized in our medical schools. The successful treatment of the little things that doctors meet with day after day in the course of a family practice, more than anything, perhaps, lays the foundation for the successful practitioner. There are probably more

men who can get a perfect result in a laparotomy than there are of those who can skillfully cure a wart, a hare-lip or a carbuncle. It is a sorry state of affairs, but it is nevertheless true. The practitioner who purchases, reads and digests Dr. Foote's book will be surprised at the number of simple things that he has not only never practiced, but has never even heard about until Dr. Foote showed him. The book is handsomely published and unusually well illustrated, a great many of these being from photographs. The work is altogether one of the most valuable contributions we have ever seen for practical everyday use, and every man doing general practice will find it a joy as well as a necessity.

THE PANCREAS.

Its Surgery and Pathology.

By A. W. Mayo Robson, D. Sc (Leeds), F. R. C. S. (Eng.) of London, and, and P. J. Cammidge, M. D. (Eng.) D. P. H. (Camb.), of London. Octavo volume of 546 pages, fully illustrated. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, \$5.00 net; Half Morocco, \$6.50 net

The most thoroughgoing and comprehensive treatment on the subject of the pancreas ever put together and presented to the profession is this work by Drs. Robson and Cammidge. It is a treatise of tremendous value and we suppose will necessarily become an indispensable adjunct to the surgeon. It is a subject, however, of more than passing interest to the general practitioner inasmuch as it is he who first sees the vast majority, if not all, of these cases and he must recognize them for reference to the surgeon. The physician will find a great deal to interest and instruct him within these pages. The authors are men of experience and wide observation and their work indicates not only a practical familiarity with the subject but a wide and thorough acquaintance with the literature of the medical world relating to the pancreas. The work is unique in its highly developed specialization, and is handsomely published.

DISEASES OF THE SKIN.

A Treatise on Diseases of the Skin. For the use of advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Ph. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fifth Edition, Revised. Handsome octavo of 1150 pages, with 267 text-illustrations, and 34 full page colored and half-tone plates. Philadelphia and

London: W. B. Saunders Company, 1907. Cloth, \$6.00 net; Half Morocco, \$7.50 net.

Professor Stelwagon's work on the skin has already made its place in the classical literature of the medical world. Our praise can only be an attempt at gilding fine gold. The present edition, the fifth, represents a comprehensive revision of the former text, eliminating obsolete material and adding the information gleaned from investigation and literature since the last edition's appearance. There is a net increase in the volume of 15 pages, and there are 15 new illustrations, 13 in the text and two plates. It may be said that the illustrations are well chosen and illuminating, some of the plates being in colors and beautifully executed. The principle additions and changes in the book are to be found in those diseases rendered more important by our closer touch with tropical countries. As we have said before, the work is a classic and should be in the library of every active physician.

OSLER'S MODERN MEDICINE, VOL. III.

Modern Medicine. Its Theory and Practice. In original Contributions by American and Foreign Authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia and in McGill University, Montreal. Assisted by Thomas McCrea, M. D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 900 pages each, illustrated. Volume III, just ready. Price per volume: cloth, \$6.00, net; leather, \$7.00, net; half morocco, \$7.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907.

The appearance of the third volume of Osler's Modern Medicine marks the steady progress of this great work towards completion. In this volume the grand division of Infectious Diseases is concluded, and space is found for equally full consideration of Diseases of the Respiratory Tract. The whole work will comprise seven handsome volumes, the fourth being now in press.

That an authoritative work presenting the whole field of medicine in its advanced state of development is required by the progress of recent years is a proposition that cannot be gainsaid. To question it implies that the questioner has not kept in touch with the radical changes, the more elevated viewpoints, the

more accurate methods and the improvements in details of practice which have combined to extend the scope of medicine and make it an exact and successful science instead of an empirical and uncertain art. Such an era of progress is with us now, and every practitioner desirous of maintaining his position and doing his duty to his patients must needs take cognizance or drop astern. It is fortunate for those actively engaged in practice that they can so readily gain this new knowledge combined and fitted in with what has been inherited from the past and has survived the ordeal of modern re-examination. This service is being performed for them in this work under ideal auspices, for the editor, Dr. Osler, possesses a keen knowledge of the best man to call upon for each constituent section. The phenomenal sale argues wide appreciation of the advantage of owning a complete library and reference work presenting the net medicine of the new era, disembarassed of outworn ideas, and covering the whole subject with the highest authority and practicality.

THE INTERNAL SECRETIONS AND THE PRINCIPLES OF MEDICINE.

By Charles E. De M. Sajous, M. D., Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society, The Academy of Natural Sciences of Philadelphia, &c.; Knight of the Legion of Honor and Officer of the Academy of France; Knight of the Order of Leopold of Belgium, &c.; Former Lecturer on Laryngology in Jefferson Medical College and Professor of Laryngology and Dean of the Faculty in the Medico-Chirurgical College; Former Professor of Anatomy and Physiology in the Western Institute of Science. Volume Second. With twenty-five illustrations. Pp. 1100. Philadelphia. F. A. Davis Company, publishers 1907.

Too great praise cannot be accorded Dr. Sajous for the splendid effort he has made in this epoch-making contribution to the theory and practice of internal medicine. Couched in the pure English of this gifted writer the work is an unalloyed delight to the student, thinker, and practical scientist. It is a work of deep philosophical interest as well as one of the most profound practical importance in the daily practice of medicine. It is a matter of great regret to us that we have not the space to devote to a complete

review of this grand work. It carries with it our sincerest unstinted praise and through it, we believe, Dr. Sajous has written himself down in history as one of the few really great lights of the medical world. We can do no better here than give an incomplete outline of the author's words as given in a portion of his preface to the second volume.

So many theories have been adduced in recent years that have proven valueless as such, that he wishes again to emphasize the fact that not a single conclusion presented in this work is theoretical. His labors in connection with the "Annual" and the "Cyclopaedia" have shown that it is to the habit of theorizing with a few facts as foundation into which investigators, and practical laboratory workers, have fallen, that the confusion which characterizes the medicine of our day is due. It was under the influence of this conclusion, in fact, that the following working plan was adopted: The literature of each subject was collected, subdivided and filed. When a given subject was taken up, each paper available was analyzed and the sound experimental or clinical facts or observations noted and arranged in series. In physiological questions, the teachings of physiological botany, zoology and cytology were added. All these data (amounting to several hundreds in some instances) were treated as factors in the search for a solution—the solution submitted at the end of each section. The final solution reached in each instance was submitted to a rigid test, however, viz., **absolute concordance with all other solutions in the work**—a process which brought to light any defect, not only in the solution itself, but likewise in all conclusions previously adduced. The chances of error were thus reduced to a minimum, while a solid framework was elaborated for future discoveries by other investigators. **The present unsatisfactory condition of medicine is due to the fact that investigators do not avail themselves of the enormous array of solid data available to ascertain the truth.**

The work introduces no elixir of life, no universal panacea, nor even a new serum; the weapons recommended are available to all, viz., the identical remedies which for years have been in daily use—the forty or fifty that have stood the test of time. It shows, the author believes, that it is not because we have been lacking agents capable

of successfully coping with disease that confidence in remedies has been steadily decreasing, but because they were used blindly and often, therefore, injudiciously. There is now not the least ground for doubt as to the efficiency of our therapeutic resources. The original plan of the second volume, as stated in the preface, included only "Applied Therapeutics," i. e., the physical action of drugs in morbid processes, but thanks to the liberality of the publishers, the F. A. Davis Company, the author was able to add a department in which the pathogenesis and treatment of the most fatal and distressing diseases with which we have to contend are treated in full. Hence the comparatively large size of the second volume.

A MANUAL OF THE PRACTICE OF MEDICINE.

By A. A. Stevens, A. M., M. D., Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania. Eighth Edition, Revised. 12mo of 558 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Flexible Leather, \$2.50 net.

The number of editions through which this manual of Dr. Stevens' has passed is sufficient evidence of its popularity; and its wide popularity may be reasonably taken as proof of its practical value to the student. We note that this edition has been revised, reprinted, and recopyrighted in September, 1907. Considerable new material has been introduced and many articles, especially in the section of the diseases of the nervous system, have been largely rewritten. As it stands now we think it fulfils, in every way, the desire of the author, that it be accepted as a concise, clear, and active presentation of the essential facts of the practice of modern medicine. The book is attractively printed and bound.

Lecithol (Armour & Co.) has been added to the list of New and Non-official Remedies approved by the Council on Pharmacy and Chemistry, and published in the Journal February 1.

Don't forget the Annual Meeting of the State Association in Anderson, April 15th, next. Make your plans now. Write a paper. Discuss one or more papers. Remember, it's the BUSY man who knows how to get away to attend these meetings.

Current Reviews

OPHTHALMOLOGY AND OTOTOLOGY.

EDWARD F. PARKER, M. D.

An Inquiry Into the Causes of Blindness in 333 Inmates of the Sheffield School For the Blind.

Snell, Simeon, Sheffield (The British Med. Jour., Nov. 2nd, 1907). Among these 333 instances of blindness the greatest number, 136, or 42 per cent., was caused by ophthalmia neonatorum; 35, or 11 per cent., were due to optic nerve atrophy following meningitis or brain disease; 22, or 7 per cent., to sympathetic ophthalmia; 30, or 9 per cent., to congenital cataract; 12, or 4 per cent., to other congenital conditions; 10, or 3 per cent., to diffuse corneitis; 8, or 2½ per cent., to chorio-ido-retinitis; 11, or 3½ per cent., to measles; 9, or 3 per cent., to scarlatina; 7, or 2 per cent., to corneal ulceration; and 7, or 2 per cent., to optic nerve atrophy after injury to the head.—Abs. Ophthalmology, C. H. M., January, 1908.

Result of the Examination of the Eye, Ear, Nose and Throat of the Children in the Public Schools of Springfield, Ohio.

C. L. Minor, Springfield (Ohio State Med. Jour., July, 1907), gives the result of the examination of 4,792 children. Total number of children showing defects was 40 per cent. Myopia, 5 2-3; hyperopia, 12 1-3; deafness, 12 6-7; impacted cerumen, 7; purulent otitis, 2-5; tonsile, 12 1-3; adenoids, 5. He calls attention to the small number of purulent otitis cases, 10 in all; that there were only 32 wearing glasses; that there were 216 who were two years or more above the average age, and of this number 95 had some defect of the special organs. The author believes that these examinations should be made by medical men.—Abs. Ophthalmology, W. R. M., January, 1908.

Opportunities for Clinical Study in Royal London Ophthalmic Hospital (Moorfields), and "Fuchs" Clinic, Vienna.

Cross, Frank B., Cincinnati (The Lancet-Clinic, June 22, 1907), draws a contrast between the English institution, where there are six surgeons with a like number of assistants, and Fuch's clinic under the guidance of one assistant. He gives days of attendance

and briefly characterizes each of the chief surgeons at Moorfields. There are courses of lectures of six weeks each, three times yearly. Some of the classes in ophthalmology are the best extant. After a ticket is secured—the maximum for a perpetual ticket is fifty dollars—the student is known as a “junior assistant.” After six months of this service he becomes eligible for appointment as “clinical,” which is conferred after one year’s service. After two years is a chief clinical’s billet, then through seniority advancement to the assistant surgeon’s desk.

At Fuchs’ clinic the work proceeds in a rapid and systematized way. The first hour in the morning is filled by Fuchs, who rapidly demonstrates the cases with the aid of two assistants, who, in turn present them to each student. The operating room is then opened, where the “Master” takes up the most important cases. Later the various assistants operate upon the cases assigned them. A skilled instructor may always be found for whatever investigation one may wish to make. While a knowledge of German is not necessary, it is of material assistance. The author says: “To use the favorite phrase of the Germans: Moorfields to apply and further develop knowledge and Fuchs’ clinic for the study and instruction.”—Abs. Ophthalmology, M. D. S., January, 1908.

MATERIA MEDICA AND THERAPEUTICS.

E. A. HINES, M. D.

Improved Method of Roentgen Treatment.

A thin sheet of lead allows the passage of rays that are liable to induce a dermatitis, and von Jaksch has found that silver is superior to it in this respect. A sheet of silver 0.02 mm. thick allows the passage of the rays that have a penetrating action while it seems to hold back all that can injure the skin. He has been using for some time and in numbers of cases a round protecting shield of silver of this thickness, and has been impressed with the penetrating action of the rays with entire absence of any cutaneous reaction. He describes in detail a case of myeloid leukemia in which rapid, intensive Roentgen treatment was applied, followed by the subsidence of the enlarged spleen and by the expected change in the blood. The rays were applied for eighteen hours and forty minutes in forty-four days, different points being exposed for a total of from 50 to 175 minutes. The interposition of the thin silver plate, however, prevented any injury to the skin. Considerable but transient hyperemia was observed at three points which

had been exposed for 125, 125 and 90 minutes. His silver shield is 140 mm. in diameter, enclosed in a celluloid capsule and set in a square frame of lead, 0.6 mm. thick, and about half a yard square, covered with black cloth. He gives an illustration of the silver shield and of the lead-lined protecting cabinet with lead glass window in which the operator sits. He uses a Bauer lamp, as hard as possible, at a distance of 20 cm., protecting all unexposed parts of the patient’s body with sheets of lead 0.6 mm. thick. He thinks that these experiences with the silver shield indicate that it is possible that certain metals allow certain rays to pass and arrest others, so that we may learn to apply only those rays to the parts to be treated which are particularly indicated by the affection in question, thus obtaining a specific radiotherapy for the various organs.

Dry Eczematous Eruptions on the Face.

The Bulletin General de Therapeutique (October 15, 1907), gives the following formulae for eruptions on the face:

R Sodium borate, 0.50 gram.

Tincture of benzoin, gtt. xv.

%inc oxide, 2.0 grams.

Petrolatum, 18.0 grams.

M. Sig.: Apply at night, in a thin layer, to the affected area.

The following is more delicate:

R Tannin, 2.0 grams.

Calomel, 1.0 gram.

Glycerite of starch, 30.0 grams.

M. Sig. To be applied each night.

Therapeutics Judged by Figures.

Interesting facts revealing some of the tendencies of therapeutics are brought out by a study of the amounts of different remedies dispensed by the Central Pharmacy of Paris, which supplies all the hospitals, dispensaries and public charities of that city. The figures have been collated by M. L. Grimberty, who presented them to the Paris Academy of Medicine, October 1, 1907 (Journal de Pharmacie et de Chimie, Oct. 18, 1907). He entitles the lecture “Therapeutics Judged by the Figures” to correspond with the title of a similar article formerly presented by Beurmann. The figures employed by Grimberty cover the last ten years. The amounts dispensed of the various articles are taken to indicate the popularity and probable value of the remedies. One of the most remarkable facts revealed by this examination is the steadiness with which the old remedies have held their place in spite of the large number of new remedies put on the market. The use

of opium has not decreased notwithstanding the introduction of new analgesics which have gained a large vogue. There is, however, a tendency to the disuse of the remedies belonging to the antiphlogistine regime. Antimony tends to disappear, cantharides is used to less extent than formerly, but it may astonish some to learn that the Paris hospitals still use from 10,000 to 12,000 leeches a year. The use of potassium and sodium iodid is also decreasing. The same is true of alcoholic drinks as remedies.

In conclusion the author says that the movement of medicines in the last ten years may be summed up as follows:

The old classical remedies, gelenical as well as chemical, have remained stationary and that in spite of the introduction of the new synthetic products into thereapeutics. The use of iodids, the salts of quinin, antipyrin, the glycerophosphate of calcium, and the cacodylate of sodium has noticeably declined.

The toxic antiseptics have fallen rapidly in favor, having been more and more replaced by agents less dangerous to handle, such as hydrogen dioxid and solution of formal-

dehyd. The same is true of intestinal antiseptics, cantharides, caffen and alcoholic liquors (rum in all its forms).

The following have risen in popularity: Among the antiseptics, hydrogen dioxid, formaldehyd and the cyanid of mercury; among remedies in use at the beginning of the decade, theobromin and methyl salicylate; among the new remedies, pyramidon, aspirin, urotropin, protargol, salophen and veronal.

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PLEURISY

Apply over and well beyond the boundaries of the inflammation.

In all cases Antiphlogistine must be applied at least 1-8 inch thick, as hot as the patient can bear comfortably and be covered with a plentiful supply of absorbent cotton and a bandage.

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District No. 6: Chesterfield, Darlington, Florence, Marlboro, Marion and Horry. Councilor, F. H. McLeod, M. D., Florence, S. C.

District No. 7: Richland, Sumter, Clarendon, Williamsburg, Georgetown and Lee. Councilor, S. C. Baker, Sumter, S. C.

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TABLE OF COUNTY SOCIETIES AND OFFICERS.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society.	President.	Secretary	Time of Meeting.
Abbeville.....	J. W. Wideman.....	C. C. Gambrell, Abbeville...	Semi-Monthly, 1st and 3rd Monday.
Anderson.....	W. H. Nardin, Jr....	J. R. Young, Anderson.....	
Aiken.....	H. H. Wyman, Sr. . .	B. F. Wyman, Aiken.....	
Bamberg	J. J. Cleckley, Bamberg....	Semi-Mo., 1st and 15th.
Barnwell.....	.....	L. F. Bonner, Blackville...
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal....	
Charleston...	John L. Dawson....	A. J. Jervey, Charleston...	Monthly.
Cherokee.....	.....	B. L. Allen, Gaffney.....
Chester.....	S. G. Miller.....	W. B. Cox.....	
Clarendon....	A. S. Todd.....	C. B. Geiger, Manning....	Quarterly.
Colleton.....	W. A. Kirby.....	L. M. Stokes, Walterboro...	
Darlington...	J. F. Watson.....	J. C. Lawson, Darlington...	
Dorchester...	J. B. Johnston, St. George..	Monthly, 1st Monday.
Edgefield.....	.....	J. G. Edwards, Edgefield...
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro..	
Florence.....	J. G. McMaster, Florence..	Monthly, 1st.
Georgetown...	.....	W. M. Gaillard, Georgetown..
Greenville....	J. W. Jervey.....	W. M. Burnett, Greenville...	
Greenwood....	J. B. Owens, Greenwood...	Monthly, 2d Monday.
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	
Horry.....	H. H. Burroughs...	J. A. Norton, Conway.....	
Kershaw.....	J. W. Corbett.....	A. W. Burnett, Camden....	Bi-Monthly, last Monday.
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.	
Lexington....	J. W. Geiger.....	J. J. Wingard, Lexington...	Monthly, 3rd Tuesday.
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork....	
Marlboro....	W. J. Crosland . . .	J. C. Moore, McColl.....	
Newberry....	P. G. Ellisor.....	W. E. Pelham, Jr., Newberry	Monthly, 2nd Wednesday.
Oconee.....	D. L. Smith.....	H. E. Rosser, Westminster .	
Orangeburg...	W. L. Pou.....	L. C. Shecut, Orangeburg...	
Pickens.....	D. B. Gilliland.....	H. E. Russell, Easley.....	Every 2nd Monday night.
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia...	
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	
Spartanburg...	J. L. Jefferies.....	W. G. Sexton, Spartanburg.	Monthly, last Friday.
Sumter.....	.....	F. K. Holman, Sumter.....
Union.....	S. G. Sarratt, Union.....	
Williamsburg.	Bi-Monthly.
York.....	J. H. Saye.....	E. W. Pressley, Clover.....	

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A. JOHNSTON BUIST, M. D.

ROBT. S. CATHCART, M. D.

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ALLEN J. JERVEY, M. D.

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Pathology, Bacteriology, General Medicine and Nervous Diseases, General and Abdominal Surgery, Gynaecology, Obstetrics, Surgery of Genito-Urinary Tract, Operative Surgery on the Cadaver, Diseases of Eye, Ear, Nose and Throat, Diseases of Children and Dietetics, Dermatology, Clinical Diagnosis and Anesthesia.

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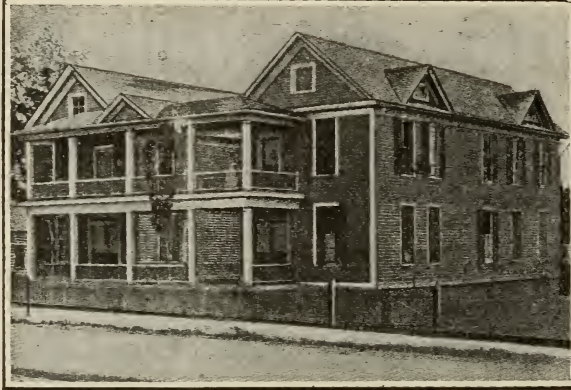
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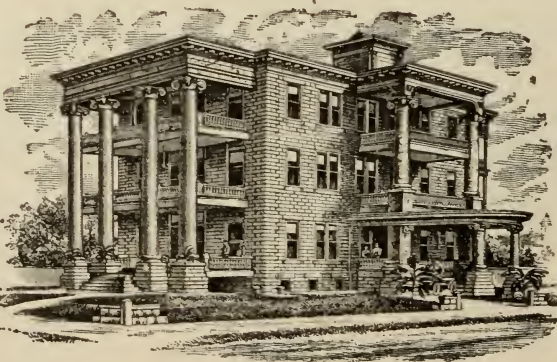
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HENCE THIS OFFER.

There are perhaps 300 eligible doctors in South Carolina who are not yet members of their County Societies. Every single one of them should be **SYSTEMATICALLY** and **REPEATEDLY** solicited by the Secretary of the Society in the county in which he lives. **NOT ONE OUT OF TWENTY** of them will refuse to join if properly approached and kept reminded of the advantages of the organization.

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1. One collection of these valuable books will be given to the County Medical Society Secretaries in this State who can report, for the fiscal year 1908 (that is from January 1, to December 31, 1908) the largest percentage of increase in his County Society membership.

2. Another medical collection will be given to that Secretary who reports the largest actual net gain in membership for his County Society during the year.

3. A third collection of up-to-date medical works will be given to that Secretary who reports for the year the largest average attendance on regular meetings of the Society in proportion to the total membership of the Society.

4. Still another handsome collection of recent classical medical works will be given to that Secretary who, during the year, outlines the best plan for increasing and maintaining the interest and membership of the County Medical Society. This plan must be gotten up in typewritten form and may be submitted to the Editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal, and shall be confined, if possible, to not more than five hundred words.

The awarding of these prizes will be in the hands of the Board of Councilors of the Association, and the Editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

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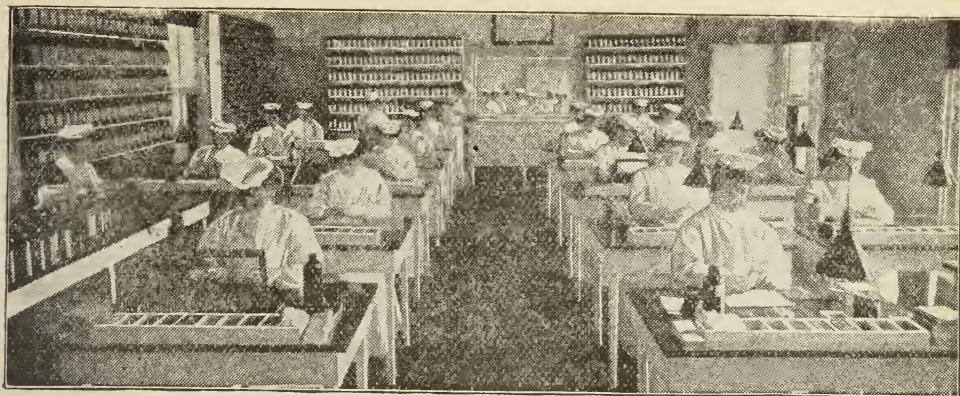
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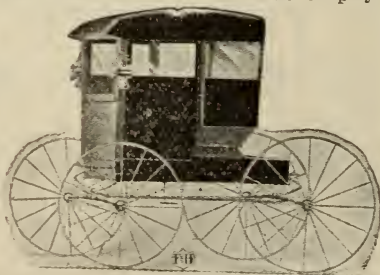
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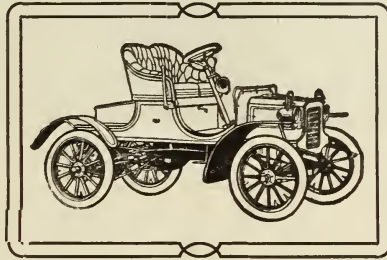
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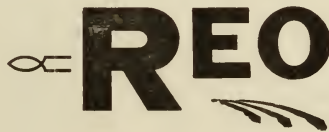
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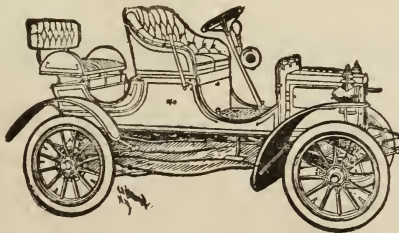
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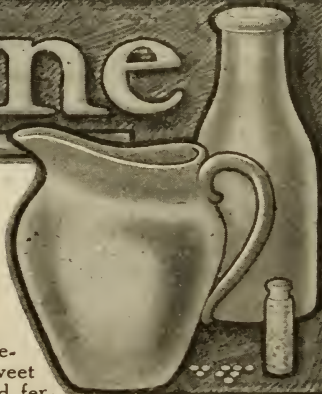
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The Journal OF THE South Carolina Medical Association

Volume IV.

Greenville, S. C., March, 1908

Number 3

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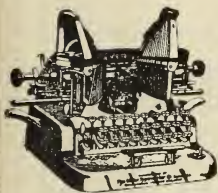


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VOL. IV.

J. W. JERVEY, M. D., EDITOR

No. 3

MARCH, 1908

ANNUAL SUBSCRIPTION, \$2.00

The **Journal** is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession, to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the editor by the 5th of each month.

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Editorial

THE STATE ASSOCIATION MEETING.

The annual meeting of the South Carolina Medical Association will take place in Anderson, S. C., April 15th, at 10 a. m. The House of Delegates will convene the day before, that is, Tuesday, April 14th, at 2 p. m. It is the duty of every physician who is a member of the Association to be present. Matters of importance to the profession as well as to the public will be freely and fully discussed. A large meeting will certainly be had and there is no doubt that the visitors will be well taken care of by the city of Anderson and its Medical Society. There never was a time when the medical profession was so thoroughly and powerfully organized as at present. It will broaden the mind of any man to be present during the deliberations of this great organization. There is no man too big to be present on this occasion, and there is none so small that he will not add weight to its influence.

Do you not owe it to your patients to widen your point of view by attending the Medical Association meeting and mixing with your brother doctors?

AS TO A PROPOSED CONSTITUTIONAL AMENDMENT.

Notice has been duly served that the following amendment to the constitution of the South Carolina Medical Association will come up for final action before the House of Delegates at the approaching meeting in Anderson:

1st. That the councilor districts be made to conform to the congressional districts.

2nd. That the delegates from each congressional district in which a vacancy may occur be permitted to suggest to the House of Delegates two names for nomination for Councilor, Board of Health, and State Board of Medical Examiners respectively, and that these names be determined on and ready to present to the House of Delegates at its meeting for the election of officers.

A constitutional amendment is a matter of fundamental importance to any organized body. A constitution once adopted and proved competent should be most jealously guarded, and changes or modifications of its provisions should be most carefully and prayerfully considered as bearing upon the very basic life of the whole organic structure. Our constitu-

tion, like many others, requires that a proffered amendment must be read in open meeting and laid over for one year before action can be taken upon it. Obviously, this provision is a safeguard which is intended to encourage full, free, and frank discussion upon any suggested amendment, and to give opportunity to every intelligent man to read, mark, learn, and inwardly digest the proposed change and its immediate and ultimate effects. This being true, we conceive it to be a part of the duty of this Journal to point out, as it is given to us to see them, the effects this amendment, if adopted, would have upon our organization.

The basement, buttress, bastion, and battlements of the argument for its adoption, so far as we are aware, is the familiar old slogan, "Home Rule"—and a very good slogan it is, when appropriately invoked. In other words, it is thought by its supporters that each district should have the unquestioned privilege of nominating its own candidates for positions on these important boards. They aver that the residents of a district know best who is the most fit in that district, and they feel that they should be permitted to designate their own candidate for preferment. So far, so good. This does not look at all unreasonable. Indeed, insofar as the Board of Councilors is concerned, this plan must be admitted to be without objection, and is, in fact, entirely desirable. The councilors are officers of the organization, each with authority in his own district, and collectively having jurisdiction in all districts. The councilor is the official head of the profession in his district, and it is right and democratic that the rank and file of his district should have the privilege of nominating him. The councilor, however, is a purely intra-organization official, having no authority or jurisdiction outside of association affairs, and the association, as a whole, is responsible to one but itself

for the official actions or policies of its councilors.

But the State Board of Medical Examiners and the State Board of Health (Executive Committee) occupy positions altogether and radically different from that of the Board of Councilors. The statutes of South Carolina require that these boards shall be constituted in a certain manner, and by courtesy the State Medical Association is given the privilege of nominating their members for statutory appointments by the governor. The members of these boards are not officials of the South Carolina Medical Association. They are officers of the State of South Carolina. Our incorporated association, as a whole, is entrusted by the people of our State with the responsibility for their careful selection, and, in our view, we should have no valid right or excuse to vacate our duty as a corporate entity by farming out these nominations, sacredly and confidently entrusted to us as a whole—farming them out, we say, to a mere handful of men in the various sections of the State. A cloud of scandal would befog our organization if the people of the State once thought we would so betray their trust.

The men who get these nominations should be men of parts, men who have achieved something, and if this is so they will be known to the whole profession quite as well as to their local district brethren. We cannot afford to have men in these positions who, while plainly unfit or incompetent in one way or another, yet have enough "local" influence or "pull," or personal popularity to command a nomination from their district colleagues. Yet such things much surely happen if this proposed amendment be adopted. Furthermore, it is quite possible to conceive that some district might, at some time, be represented on the floor of the House of Delegates by no more than two

or three delegates; yet this amendment would give to the two or three who are gathered together in that district's name the exclusive privilege of nominating their own choice for two most important offices, for the proper administration of which the whole association must virtually stand sponsor in the eyes of the people. The thing seems strange to us—preposterous.

The proposition that two names shall be nominated for each office, while bearing frankness on its face, does not help the amendment. That feature would merely be used as a subterfuge by the politicians of any district to nominate for second choice some man utterly unheard of and unknown, who would of course command no votes at all, and who, upon waking up to the false position in which he has been placed by his "friends," will be converted at once into a sorehead and a knocker, having no further use for an association which allowed him to be led, innocent, like a lamb to the slaughter.

These are the salient points which present themselves to us after careful and serious reflection. As far as the Board of Councilors is concerned, we believe there could be no objection to the amendment, except the double nomination provision, which seems superfluous, and might be the cause of some individual irritation. But the Board of Medical Examiners and the Board of Health should be nominated, as at present, from the floor, suggested by a general nominating committee, perhaps, but without let or hindrance, or semblance of localized choice or dictation; for every association member shares the responsibility, and therefore every member should be free to vote for his own preference. And that, too, is good democratic doctrine. But more than that, it is the fulfilling of a great trust as we are expected by our people to fulfill it; and it is not delegating to a few individuals here or there or some-

where else, with possible unhappy consequences, the duty we, as a body, have responsibly assumed.

The busy doctor is the one who knows how to arrange his business to get off to meetings of his Medical Associations.

THE PASSAGE OF THE MEDICAL PRACTICE BILL.

By what "deep sounds possessed with inward light" our last legislature may have been influenced, we do not dare to say. For many years past there was no light, but darkness visible, when now the legislative mind has proved itself illumined. A great transformation has taken place in the attitude of the legislators in regard to medical legislation. The organized medical profession asked, this year, the passage of two bills. The personnel of this year's legislature was identically the same as that of 1907. The two bills bearing upon medical legislation were in all essentials the same in 1908 as they were in 1907. In 1907 both bills failed of passage. In 1908 both bills were enacted into law, practically without serious opposition. Strange but true.

Let us not inquire too deeply into the causes, the results are here to speak for themselves. Far many years this legislation has been urged, the profession has begged and pleaded for its enactment, but until now all to no avail. We wish to emphasize but one point, and that is that the State Medical Association with its component county societies is organized today as it never has been before. For reasons easily understood by one who thinks, it is the most powerful organization of any kind in the State, and it is ready and willing, we believe, to enter the arena of politics at any moment when matters pertaining to State medicine appear upon the horizon.

More and more a paternal government

must look to science for the protection of the people's welfare, and more and more will problems like the prevention of river and stream pollution, the enforcement of vital statistic measures, compulsory vaccination, State control of epidemic diseases, the observance of hygienic and sanitary requirements in public places and by public carriers, the collection and disposition of garbage and sewerage, the inspection of milk, food and drug supplies, and a host of other problems—more and more will these rise up in the face of the statesman for solution. Lord Beaconsfield once said, and it was reiterated by Gladstone, that "the care of the public health is the first duty of the statesman," and a truer or more astute political epigram was never spoken. To whom but the recognized medical profession can the statesman turn for aid in the solution of these problems? It were an ancient and mistaken code, indeed, that would deny the right and privilege and more, the duty, of the medical profession to turn on the light where it is so seriously needed.

Our legislature has had the wisdom to recognize this truth, and in a spirit of far-seeing and broad-minded patriotism it has deferred to our profession for its judgment in these momentous questions, and in so doing it has wrought even better than it knows, and has earned the gratitude of every citizen, from the greatest to the humblest.

We referred last month to the passage of the State Health Officer Bill. The Bill amending the Medical Practice Act is given below exactly as it was passed at the recent session of the legislature. By this act it will be seen that provision is made for the revocation of the license to practice when just cause is shown, and the old "five year clause" is forever eliminated, as it should be, from the statutes of South Carolina. In addition, osteopaths will hereafter be compelled to prove their claims of fitness for their work and

will have to qualify before the State Board of Medical Examiners, just as applicants for regular license, by passing an examination on all branches except materia medica and therapeutics, and major surgery. Following is the text of the bill as passed by the legislature amending the Medical Practice Act:

AN ACT.

To amend an act entitled "An Act to Regulate the Practice of Medicine in South Carolina, to Provide for a State Board of Medical Examiners and to Define their Duties and Powers," approved February 27, 1904, so as to provide for revocation of license and the granting of license.

Section 1. Be it enacted by the General Assembly of the State of South Carolina: That an Act entitled "An Act to regulate the practice of medicine in South Carolina, to provide for a State Board of Medical Examiners and to define their duties and powers," approved February 27, 1904, be, and the same is hereby amended by inserting immediately after Section 5 thereof a section, to be known as Section 5a, as follows: "Section 5a. The said Board of Medical Examiners is hereby authorized and empowered to suspend or revoke subject, on appeal, to revision by the circuit courts of the State, by a majority vote of its total membership, the license of any practicing physician or surgeon qualified under any provision of this Act, and whether qualified prior or subsequent to the passage of this Act, after due notice and fair opportunity for hearing, upon its being made satisfactorily to appear that the holder thereof is guilty of felony or gross immorality or is addicted to the liquor or drug habit to such a degree as to render him or her unworthy or unfit to practice medicine in this State, or has been convicted in a court of competent jurisdiction of illegal practices. And the said Board is further authorized and empowered to administer oaths in the taking of testimony upon any and all matters pertaining to the business or duties of the Board. Provided, That pending an appeal under this section the doctor under charges shall practice his or her profession until the decision of the tribunal appealed to.

Sec. 2. That said Act be and the same is hereby further amended by striking out Section 13 of said Act and in inserting in lieu thereof the following: Sec. 13. It shall be

unlawful for any person or persons to practice medicine or surgery or any branch or specialty of the same in this State who has failed to comply with the provisions of this Act, and any one violating the provisions of this Act shall be deemed guilty of a misdemeanor, and for each offense, upon conviction by any court of competent jurisdiction, shall be fined in any sum not less than fifty dollars, nor more than three hundred dollars, or imprisonment in the county jail for a period of not less than thirty, nor more than ninety days, or both, at the discretion of the court; one-half of the said fine to go to the informant and the other half to the State. Provided, That dentists and midwives shall not be subject to the provisions of this section. Provided, further, That the State Board of Medical Examiners shall issue license to osteopaths and homeopaths specifically for the purpose of practicing osteopathy or homeopathy, respectively, when the applicant presents a diploma from a duly authorized school of osteopathy or homeopathy and satisfactorily passes examination before the State Board of Medical Examiners on all regular branches upon which applicants for license to practice medicine are examined except materia medica and therapeutics, major surgery and the practice of medicine. Provided, further, That osteopaths and homeopaths now holding licenses from the State Board of Medical Examiners shall be exempt from the provisions of this Act.

Sec. 3. All acts and parts of acts inconsistent with this Act are hereby repealed.

Sec. 4. This Act shall go into effect immediately upon its approval by the Governor.

Approved by the Governor, February 26th, 1908.

For the passage of this bill the medical profession and the public of South Carolina are especially indebted to the splendid efforts and co-operation of Drs. Saye and Wyche, in the House of Representatives, and Mr. Smith, of Hampton County, in the Senate. As additional members of the State Association Legislative Committee, appointed by the president for special duty, Dr. William Weston, of Columbia, and Dr. F. E. Harrison, of Abbeville, rendered very effective assistance. Especially deserving of the greatest admiration and praise was the work of the president,

Dr. Guerry. He literally camped on the trail of the legislature for the last four weeks or more of the session, and to his personal popularity combined with the most dogged tenacity in pushing and pulling this bill before the various members in the two Houses who were supposed to have it in charge, is largely due the successful issue which has been won.

Yet in the midst of our rejoicing, in the hour of triumph, let us not fail to remember soberly that there yet remain battles to be fought which must be won. In our great organization let unity of purpose prevail.

The South Carolina Medical Association will meet in Anderson at 10 a. m., on Wednesday, April 15th. It is your business to be there. Can you afford to miss it?

PELZER'S GREAT RECORD.

The Pelzer Manufacturing Company, of this State, one of the largest cotton mill plants in the South, has for several years kept an accurate record of certain vital statistics. It is to our knowledge the only cotton mill community in the State which has kept such a record, and a consideration of the birth and death record in this mill village gives us an object lesson of undoubted weight and immeasurable importance.

The record of births and deaths, and their numerical relation one to the other is the ultimate proof of the health conditions of a community. If the death record is low and the birth record high, and consistently so through a period of years, the conclusion is incontrovertible that the health conditions are good. A high death record with a high birth record, or a low death record coupled with a low birth record would indicate the presence of some abnormal condition whose recovery

should be sought for and would likely be found by physicians and sanitarians. Many communities unquestionably live and to a certain extent thrive under such conditions, the actual facts being unknown on account of the general lack throughout this part of the world of anything like accurate vital statistics. But given a high death record with a low birth record, not only must stagnation occur, but lacking a strong immigration movement, deterioration and degeneration must result.

The ideal condition is the high birth record coupled with a low death record, and in any community where this occurs prosperity and happiness is sure to be found. Such a desirable state of affairs has been noted for many years in the mill village of Pelzer, and it is proper to observe that the stock of the Pelzer Manufacturing Company is quoted on the market as high or higher than any mill of like size in the country. It is fair to assume that the health and happiness of the operatives may at least be a contributing factor in the prosperity of the mill itself. The credit for all of this lies, of course, in the astute management and farsighted business sagacity of the president of the company, Capt. Ellison A. Smyth.

For the four years ending June 1st, 1907, the average birth rate per year for the town of Pelzer, containing between 4,500 and 5,000 inhabitants, was 184. During the same time the average annual death rate for the total population was 25. We have here, therefore, an approximate birth rate per thousand of 35, and an approximate death rate per thousand of 5—a truly remarkable showing. It is not to be supposed that this magnificent record "just happened." On the contrary, from the information we have been able to gather we learn that the management devotes a great deal of thought, and

does not hesitate to spend money on the physical welfare of its people. For several years before being actively identified with the cotton milling business Capt. Smyth was a member of the board of health of the City of Charleston, and became well versed in the management of the health problems which must arise from time to time in every community. With far-seeing perspicacity he realized readily the immense advantage of prophylaxis over the actual treatment of disease, and the lessons he learned so well in former experiences have been systematically applied in his able management of the Pelzer Manufacturing Company. For the results—the record given above speaks eloquently for itself.

A driven well water supply, carefully worked out drainage, with systematic and thorough policing, are prominent factors in the sanitary items of this village. When the physicians resident in the town note an epidemic of disease threatening, the mill management is promptly notified and the requisite means and money are as promptly forthcoming for its suppression. There is but one thing lacking in the health scheme of the village of Pelzer, and that is hospital facilities for the sick and injured. We feel safe in predicting, however, that this will come, for the highest possible human assurance of good health conditions is a factor of positive economic importance in the management of mill labor, and we miss our guess if Capt. Smyth is not one of the first large mill operators to recognize the value of the hospital from an economic standpoint in the sanitary scheme of the big cotton mill plant.

In its last analysis "welfare work" must be measured by the mills in dollars and cents. Up to this time in the vast majority of mills the physical welfare of the help has not been given that consideration

to which it is economically entitled. Competition will compel investigation into the needs of the physical welfare of "help," and this can have only one result, which will be the noticeable improvement of the physical condition of mill operatives which will, ipso facto, mean mental and moral improvement, and hence a vast general improvement in labor conditions, by increase both in number and efficiency.

DR. CROFT'S AMENDMENT WITHDRAWN.

The following correspondence is self-explanatory. For the editorial referred to see Journal for February, 1908:

Feb., 12th, 1908.

Dr. T. G. Croft, Aiken, S. C.

Dear Dr. Croft: You remember that at the Bennettsville meeting last year you offered a constitutional amendment providing that the editor of the Journal be made ex-officio a member of the House of Delegates. Under the rules this had to lie over a year for final action. At first I thought this idea would be of some practical advantage to the House of Delegates, but after mature consideration I have come to think it would be unwise. My reason for this is stated in a short editorial which will appear in the February issue of the Journal, a copy of which I enclose herewith. I hope you will agree with me and I trust you will consent to withdraw this amendment at the Anderson meeting with a short statement of the reason for doing so. Very sincerely yours,
J. W. Jervey, M. D., Editor.

Aiken, S. C., Feb. 19, 1908

To the Editor:—At the meeting of the South Carolina Medical Association last spring in Bennettsville, I was the author of a resolution amending the constitution so as to allow the editor of our State Medical Journal to be ex-officio a member of the House of Delegates. This resolution, under the rules, had to lie over until the Anderson meeting, when it will be voted on. Since receiving a communication from you on the subject and maturely considering the matter, I believe it would be best to withdraw that resolution, and at the meeting will do so. While I believe that the editor might be of great use to the House of

Delegates, yet I fear it might hamper him in some way in the discharge of his duties as editor of the Journal. Yours very truly,

T. G. Croft, M. D.

Editorial Notes

To all County Society Secretaries: Read the great Journal Prize Offer in the advertising pages, and get in the contest. While you are trying to win one or more of them, you are still only doing your duty by your local society. So get in; the water's fine.

In the course of a paper read at the recent meeting of the New York State Medical Association, in January, 1908, Dr. A. Jacobi said that in 1897 a South Carolina colleague had employed methylene blue in inoperative cancer, and that he wished to acknowledge this doctor's claim of priority. It would be interesting to know who the doctor is to whom Dr. Jacobi refers. Can any of our readers enlighten us?

The medical interests of the public are identical with the cardinal principles of medical organization. That is the reason physicians stand for the public health defense, for pure food, pure drugs and pure medical practice. Any political aspirant whose record shows opposition to such measures is an enemy not only to the highest interests of the people, but to the medical profession. The medical profession, in taking an active interest in the present campaign, does not enter politics by advocating a candidate, but defends the principles of its organization by defeating the enemy of medical standards.—Ohio State Med. Jour.

Aside from the State Association Journals, whose function is peculiar, we have too many Medical Journals. But here is a new one which, if we mistake not, will make a place for itself, viz., "Archives of Diagnosis." It is a quarterly, edited by Heinrich Stern, and published at 250 W. 23d Street, N. Y. The first number is just out, and is rich in papers by such men as Rochester, Mettler, Singler, Boldt and oth-

ers. To keep the pace set in this issue the editor must needs be active.

We hear that another new journal called "Archives of Internal Medicine" has been begotten, but have not yet seen the newborn. Our liberal announcement of its prospective coming has seemingly not entitled us to even a sample copy.—W. Va. Med. Jour.

Check!

What are YOU doing to further the interests of your profession? What are you doing to help your Journal? Are you doing business with our advertisers? Are you refusing to trade with those houses which refuses to do business with you through your Journal? Are you letting bland and oily-tongued traveling salesmen laugh at you behind your back because you let him talk you into doing business with his house though his house declines to pay the just license tax of an advertisement in your Journal? You are not hurting a house by forcing it to advertise in the Journal. You are helping it to get more business. This is easily proved by our present advertisers. Ask them. Support your Journal and its advertisers, and **don't fail** to tell every traveling salesman who comes into your office that the way to commence to do business with the doc-

tors of South Carolina is to make an advertising contract with your Journal.

Columbus, Ohio, March 3.—The Republicans of Ohio who met here today in State convention placed the entire party machinery of the State in the hands of William H. Taft and his political followers and dealt a staggering blow to the interests of Senators Foraker and Dick by wiping off the State central committee every man who was known to have any bias in their favor. Every member of the new State committee is a Taft man. Walter F. Brown of Toledo was re-elected chairman and Malcolm Karshner of Columbus secretary. —Press dispatch.

Senator Foraker's indefensible attitude towards medical legislation in Congress and in the State of Ohio resulted in the practically unanimous passage of resolutions at the last meeting of the Ohio State Medical Association denouncing his course and announcing its intention of fighting him and putting him down and out politically. We predicted that the doctors could and would succeed. Some people smiled and said Foraker could not be beaten by opposing politicians, and certainly not by the doctors. Perhaps the senator, and a few others, are beginning to learn what a well organized medical profession can do and will do when its indignation is aroused.

Original Articles

UNCINARIASIS.*

By WILLIAM WESTON, M. D.,
Columbia, S. C.

The condition which we recognize today as uncinariasis has been known for the last 3,500 years. It was present and recognized in Egypt 1,500 years before the birth of Christ. From time to time since it has been described in Europe under various names, and attention has been called

to the condition for many years in the Southern States under several different names, such as "Dirt-Eaters' Anaemia," "Clay-Eaters' Anemia," "Negro Consumption," etc.

In 1893 Dr. Blickhahn, of St. Louis, was the first physician in this country to give an authentic account of a case of this disease, yet he was under the impression that he was dealing with the Old World hook worm, and as the disease occurred in a recent immigrant from Germany, it

*Read by invitation before the Greenville County Medical Association, Feb. 3rd, 1908.

seems possible that the Old World hook worm was present, and not the New World hook worm. But upon the repeated suggestions of Dr. C. W. Stiles, of the United States Public Health and Marine Hospital Service, Dr. Ashford, one of his former pupils, demonstrated the disease as existing in Porto Rico in 1900, and directed the attention of American physicians to the disease. Our present knowledge of the disease is a demonstration of the fact that the disease as we see it here is not due to *Anchylostoma Duodenale* (the Old World hook worm), but to a different species which he has named *Uncinaria Americana*.

Dr. Stiles defines the disease as a zoo-parasitic disease found especially in tropical and sub-tropical sand areas and caused by hook worms which inhabit the small intestines. I think, perhaps, Dr. Stiles is partially wrong about the sand areas, because, while the disease is extremely prevalent in such areas, the worst cases I have ever seen came from a clay, swampy soil, and were invariably mistaken for malaria.

The disease is prevalent in the Southern States, and probably in southern Illinois, southern Indiana, Missouri, Porto Rico and Cuba.

Symptoms: The chief symptom, and the one that usually attracts our attention, is anaemia. Usually we find haemic murmurs, difficulty in respiration, emaciation, physical weakness, perverted appetite pains in the epigastrium and thorax, swelling of the abdomen and the lower extremities, and disorders of menstruation.

I wish to call to your attention more especially the fact that when infected before puberty the general development, both mental and physical, is extremely retarded or stopped. The girl that is infected before puberty you will find with breasts that are rudimentary, hair scanty in the arm-pits and over pubes. Menstruation in such cases is very uncertain, there

may be dysmenorrhea or amenorrhea, more often the latter. In boys, the same lack of hair is apparent, the genital organs are poorly developed, and the general condition poor. In some cases one at 25 appears hardly as well developed as a person of 16 or 18 years in normal health. The mental condition of some of these cases is so bad that insanity is often suspected, and the fact that it is not unusual to find uncinariasis in hospitals for the insane throughout the South may throw some light on the cause of the increasing frequency of insanity among the poor of the rural districts. Perhaps some of our alienist friends will later throw some light upon the question as to whether there are not many weak-minded patients confined in asylums where really uncinariasis is the cause of the mental condition. Another important point to be observed is that it is not unusual in cases of uncinariasis to find ulcers or scars on the hands, arms or legs.

A most important fact to remember in connection with this disease is that when a case is found there are other cases in the immediate family and many in the community.

Means of Infection: The worm is taken into the body by drinking infected water, infected fingers being put into the mouth, or more usually through the skin (ground itch). In the four or five hundred cases seen by me each gave a history of having had ground itch. By whatever way these worms enter the body they find their way into the small intestines where they attach themselves to the mucous membrane, sucking the blood and causing minute hemorrhages to occur.

Diagnosis: Uncinariasis is most often mistaken for malaria, Bright's disease, heart disease, or typhoid fever. Of course a microscopical examination of the faeces will settle the question as to the existence of uncinariasis. It is interesting to note that frequently we meet with cases that

will run a typical typhoid temperature for a week or ten days, then suddenly the temperature will drop to normal. I have seen a number of such cases and in most of them I have been able to find the eggs of the uncinaria. Then, too, in some cases we have a history of anemia that may help to arouse our suspicion.

Treatment: As the eggs do not hatch in the intestine, treatment is simple. At bedtime administer one-half ounce of Epsom salts. Early next morning give thirty grains of thymol, and repeat the thymol in two hours; then, in two hours more, give one-half ounce of Epsom salts. From the time the first dose of salts is taken until the second dose acts, forbid all food, especially oil or alcoholic preparations. It should be repeated once a week for three weeks. Usually, the day after treatment has begun, give Bland's mass three times a day.

Prognosis: Favorable, if the disease is not too far advanced.

Prevention: Treat all cases found and dispose of the faeces.

General considerations: I do not wish to bore you upon this subject, but I feel that its importance to us justifies me in begging your indulgence for a few minutes longer. It has been frequently observed that certain portions of the South are notoriously unprogressive, that in such portions the people are ignorant and superstitious, utterly lacking in thrift and ambition; and such communities bear the impress, invariably, of the disease under discussion. In such communities we find no modern farms, no new buildings, or even comfortable dwellings, no factories, few school houses, with but few inmates, and those inmates rarely progressing beyond merely the primary stage. Such is the condition that exists today in many parts of this and many other Southern States. Starvation has driven many of these people to the cotton mills.

Observe, I beg, the market price of cot-

ton mill stocks where as many as fifteen per cent. of the operatives are drawn from communities such as I have described. I can assure you that it is below par. I know of a mill in South Carolina that has been unsuccessful from its beginning. In spite of the fact that new machinery has been installed and different grades of cloth manufactured from time to time, the stock has never risen to par. Able men have managed the property, therefore I do not believe the fault lies with the management. This phase of the matter was discussed by some of us and an investigation was instituted among the help, and the startling condition was revealed that over 40 per cent. were infected with uncinariasis. Many, perhaps one-half, of the cotton mills in the South are thus crippled by inefficient help, due to this disease. As I have said, thousands of farms in the South are being abandoned because of ill health, producing starvation and their former tillers are moving to the mills. These people, when they arrive at the mills, are often, until cured, a care to the manager or their friends who preceded them. Better hygienic conditions, good houses, and fairly good food, such as the mills offer, is indeed proving a blessing to these people, and each industrial plant that is built in the South should be welcomed aside from the industrial consideration, because its houses become hospitals for the care of these people.

I would not have you infer that this disease is only found in cotton mill villages and on farms. I doubt if there is a school, college, or university in the South whose student body does not show at least 10 per cent. of uncinariasis. In the instances where we have reliable information as to the actual conditions 10 per cent. seems most conservative.

You, no doubt, are aware of the debilitating effect this disease has upon children; it paralyzes ambition and hampers the development of both mind and body.

It would be difficult to even roughly estimate the cost of this disease to the South, but from what we know of it in this State I would say that it costs South Carolina not less than \$30,000,000 a year, and this inability to perform regular and efficient labor is the smallest part of the cost.

Just at the time when the South seems to so sorely need white labor and is striving so vigorously with the small means at her command to bring new settlers, may I not ask the question, without in any way prejudicing the immigration movement, would it not be just as well to extend to these thousands of helpless people here a helping hand in the way of bringing them the inexpensive treatment necessary to render them well and thereby render them efficient developers of the South's and of the State's resources? May I not ask, is it not better that we should? They speak our language, are familiar with our laws and customs, and are without the comforts and advantages that their more fortunate brethren have had.

It seems to me that this subject is full of interest to us, not only from the standpoint of physicians, but as well from the standpoint of citizens. It has always been the custom of the South for each man to feel that whatever talent or means he possessed, it was the State's privilege to demand a share; and be it said to the glory and everlasting fame of its citizens that whenever the appeal was made she received more than she asked. The responsibility of citizenship is indeed a great responsibility and one that no good man can shirk or avoid. Duty does not always demand or claim recognition of us, though no less urgent. The responsibility of the physician-citizen today is greater than it ever was before. The possibilities are infinite, the opportunities are immense.

Remarkable discoveries in the ever broadening field of general medicine which have been made in recent years have open-

ed up for each one of us a tremendous opportunity to extend a helping hand to the afflicted. This opportunity is here today and the demands for our unselfish labor is must urgent. We can absolutely stamp out and destroy this disease if we will, thereby restoring to our State thousands of citizens now physically and mentally incapable of assuming the responsibility of citizenship. The wonderful work of Ashford and his corps of helpers in Porto Rico reads like a story from the Arabian Nights. When they commenced work there was misery and poverty on every hand; an inconceivably high mortality rate. Lethargy seemed to have grasped almost the entire population; no buildings were being erected; the trades were idle; the fields were grown up in weeds; the school houses were almost empty; dwellings were squalid and miserable; the population thriftless and idle. These men went systematically to work investigating the cause of such conditions. Thousands of examinations were made and thousands of cases of uncinariasis were discovered and treated. The local physicians were instructed and they, almost to a man, went to work. What is the result today in comparison with six years ago? The mortality rate has been reduced by more than one-half; the people are becoming active; new industries are being started; new and comfortable dwellings built; modern sewerage and water works are being constructed in the cities all over the island; thousands of acres of land, until recently idle, are now cultivated. The school houses are filled to overflowing and new ones building each month. The imports and exports are rapidly increasing; pauperism is disappearing.

I can assure you that Porto Rico is not worse off than are many counties in this State today. If they remain so the reproach will be upon us, so I say, let us be true to our great inheritance and give our time and talents freely and unstintingly.

LIBERAL DIET IN TYPHOID FEVER.*

By J. LaBRUCE WARD, M. D.,
Assistant Surgeon U. S. Public Health and
Marine Hospital Service, Baltimore, Md.

Typhoid fever, like the poor, is with us always. That this disease is one worthy of our closest study is emphasized by the following figures: In 1890 the death rate from typhoid fever, per 100,000 of population, was: in Italy, 66; in Austria, 47; in the U. S., 46; in Prussia, 20, and in England and Wales, 17. The U. S. statistics for 1900 give 35,000 deaths from typhoid fever. Many authorities, however, claim for the disease an annual death rate of 50,000. That the mortality, which varies from 5-12 per cent. in private practice to 7-20 per cent. in hospital practice, is on the wane, is held by most authorities. If this be true, the lowered mortality can probably be attributed to the hydrotherapeutic measures which are now universally employed.

Of special interest and of vital importance is the prophylaxis of this disease, but this, as well as its medicinal treatment, is beyond the province of this paper which treats of the all-important question of diet, upon which, after all, the welfare of the patient depends. This question, from the recognition of the disease to the present time, has received less attention than was due it.

Following the teachings of Hippocrates, Galen and Celsus, and other distinguished physicians urged a rigid diet (consisting chiefly of barley water) during the acute stage of fevers. Thomas Sydenham, in the latter half of the seventeenth century, was also an advocate of this dietary and did much to keep in vogue the methods of his predecessors. During the latter part of the eighteenth and the early part of the nineteenth century the diet became more

liberal but was exclusively vegetable, consisting of farinaceous gruels, fruit juices and fruit.

Then there came a change. The man bold enough to advocate what was then considered a liberal diet, was Robert James Graves, of Dublin. He, in 1840-1850, spoke very discouragingly of the diet which was based on the methods then common, i. e., treating fever by depleting the system, through bleeding, purgation and starvation. To the teachings of Graves, the present more liberal diet is due. He once jocosely remarked that he wished as his epitaph the inscription, "He Fed Fevers." He recommended boiled gruel with lemon juice and sugar. Until the last third of the nineteenth century little else than milk had been used in feeding the typhoid patient.

From the foregoing we see that there has been, since the time of Sydenham, a gradual tendency to increase the amount of food given in continued fevers and this tendency is still prevalent. Judging from the progress made in the past ten years, there is occurring as great a reformation as occurred in the eighteenth century, largely through the efforts of Graves. If this is brought about it will be due to the untiring efforts of Shattuck, of Boston, who (in this country) is one of the pioneers in this field. He is ably assisted by Manges, of New York, and by Nicholas and Claytor, of Washington, D. C., all of whom are staunch advocates of a liberal diet in typhoid fever.

What then is the best diet to be given in this disease? Some think it best to allow the patient water only, and it is true that in selected cases a majority of our patients may survive this treatment. Other extremists allow their patients any and everything to eat. This practice we all condemn, believing that its followers mark the top-notch to which the pendulum has swung. The food generally employed,

*Read before a meeting of officers of the U. S. P. H. & M. H. S. at Baltimore, Md. March 1st, 1907.

however, is milk, and this in all cases and in varying quantities.

That we give milk to the exclusion of other foods because we are following a beaten track, and for no other reason, we must admit. Does an exclusive milk diet furnish the patient suffering from typhoid fever, the necessary amount of nourishment, or would his general condition be improved and, consequent upon this, his powers of resistance be increased, if he were allowed a more liberal diet? From Voit's table we learn that a man of average weight (70 kilos or 154 pounds) doing moderate work, requires a total food value of 3,000 calories a day to keep his condition at par. At rest he would require a food value of 2,300 calories. It has been shown that the typhoid patient requires (on account of the great energy evolved) a larger food value than the normal man at rest—probably 2,800 calories. Chittenden, in his experimental work, has seemed to prove that a food value of 2,000-2500 cal. is quite sufficient for the average man in health. Granting this, and allowing the necessary addition for a fever patient, is the quantity of milk usually given sufficient to supply the loss of energy from katabolism of food and body tissue?

No matter how much food is given, the destruction of body tissue during fever is greater than can be made good by the food, this excess being shown by the loss of weight. Our aim, therefore, should be to minimize this excessive loss. How can this be accomplished? Milk, when used as the sole article of diet, is given in the quantity of three or four pints in twenty-four hours; Osler advising "at least three pints." Even taking four pints as the average quantity given to a typhoid fever patient within twenty-four hours, we shall see that it fails to meet the demands for it represents a food value of only 2100 cal. and, therefore, falls far short of the 2800 cal., which was shown to be necessary to keep the patient in the best possible con-

dition to withstand the ravages of the disease.

During the febrile period, the daily loss in weight of a patient with typhoid fever is from 7 to 16 ounces, this coming from the nitrogenous and fatty tissues of the body, with the water associated therewith—water, as we know, making up about two-thirds of the loss. The amount of protein lost daily accounts for 35 gms. The actual amount of fat which is lost daily is undetermined, but is supposed to be 70 gms. This daily combustion of 35 gms. of protein and 70 gms. of fat will yield about 800 cal., leaving the remainder of the 2800 cal. to be supplied by the food. That milk, as ordinarily used, cannot supply this, will be readily conceded. This required energy can be supplied by a greater or lesser amount of proteid, carbohydrate and fatty elements of the food, provided that in giving proteids we keep above a necessary minimum required for nitrogenous metabolism.

From Atwater and Longworthy's table of metabolism experiments we learn that in the febrile stage of typhoid fever the daily nitrogen loss (or excess of outgo over income) decreases continuously until 15 to 20 gms. of nitrogen is given daily; beyond which point, the loss increases proportionately. It appears, therefore, only logical to conclude that a daily allowance of 15 to 20 gms. of nitrogen (represented by 107 gms., or 3 1-2 ounces of protein) would be the proper quantity, lessening as it does the daily loss of body weight by 2 and 2-3 ounces, this representing the destruction of body protoplasm which would occur on a restricted diet.

There is an excessive destruction of body fat, we know, but to what extent this body waste can be rectified by food has not been determined. The same is true of carbohydrates. Approximately, it would require, daily, 50 gms. of fats and 270 of carbohydrates. Contrary to general belief it has been proven that in typhoid

fever the power of digesting and absorbing proteids is only 5 to 10 per cent. less than in health.

Having proven then that the liberal diet is the desirable one and that the digestive powers of the typhoid fever patient for any food that can reasonably be given is but little hampered by the disease, have we any reason for using milk only, or for using liquids only? Because we have always used this, we fear to use anything else, and when, as is often the case, tympanites occurs and large curds are seen in the evacuations, we dilute the milk or decrease the all-insufficient quantity. Why not use something else? Through fear that should any untoward symptoms occur he would be held responsible by the patient's friends and by the profession because of "reckless feeding," the physician sticks to the beaten path.

We are all agreed that the food given should be such as to cause the least possible disturbance to the surface of the ulcerated bowel. The primary and chief cause of these lesions peculiar to this disease is the action of the bacilli, but the rupture of the gut at these points is brought about or hastened by improper food acting either mechanically or by gas production, and resulting in undue tension on the wall of the gut. All ordinary food material in its passage through the small intestine, the seat of danger, is in a pasty condition with the solid elements finely divided and unirritating. Mechanical injury may result from three kinds of food masses—solid food, improperly masticated or otherwise crushed; undigested masses of such foods as vegetables, fruits and grains; and curdled milk, in lumps.

Now, the advantages claimed for liquid over solid food are that the latter are digested with more difficulty and that they leave more irritating residue in the bowel. Neither of these claims is true. The liquid forms of albumen must, before absorption, undergo the same process of digestion that

the solid forms undergo. For instance, raw egg albumen is incapable of absorption as such and is probably as hard to digest as is cooked egg. The digestive juices are sufficient to convert solid proteids and carbohydrates into liquid form. The solids of milk yield more fecal residue than do hard boiled eggs or meat, and no solid food can cause more intestinal indigestion and irritation than milk often does. Meat is the most concentrated natural source of proteid and is one of the most digestible foods. Its protein is 3 per cent. more digestible than that of milk. Because of their dilution, it is often impossible by the exclusive use of liquids, to introduce the required amount of nutritive material.

What should concern us most is the condition of the food when it reaches the small gut. Properly prepared solid food, when it reaches the intestine, becomes practically a fluid and, as Nichols asks, "Which has the better claim to being liquid food, solid food becoming liquid in the stomach and intestine; or liquid food like milk, becoming solid in the stomach?" Of all food, milk may be the most solid, since no other is passed in such large hard masses.

Dr. Claytor says that he cannot but believe that most foods are quite as digestible as, and far more palatable and less likely to produce perforation and hemorrhage, than milk. Shattuck reports a mortality of 10 per cent. in 233 cases of typhoid fever on an exclusive milk diet, while the mortality on a liberal diet was only 8.45 per cent. Fitz shows that in the liberally fed, relapses were 2 per cent. less frequent. Smith claims that hemorrhage and perforation are no more frequent in the liberally fed patients. Even if this were not true, would we not be justified in using a liberal diet?

What we need fear more than perforation and hemorrhage is severity of infection, to combat which the patient must have the proper kind of food. Osler gives

a mortality of only 2 per cent. as the result of perforation, and Anders gives a mortality of 6 per cent. from the same cause. The cause of death in 580 cases (according to Curchman) was: severity of infection in 47 per cent., perforation in 16 per cent., and hemorrhage in 18 per cent. In other words, one-half of these patients died because their vital resistance was too low.

Those who advocate giving water only, in typhoid fever, argue that it is the chief element of the food and cite the feats of men who fasted for long periods, but to expect an ill person to compete with strong healthy men, is to say the least, unreasonable. Indeed, Manges claims that the high fever, delirium and other nervous symptoms may be due to inanition.

In deciding upon our diet we should be governed by the general condition of the patient. English relies upon acidulated beef juice and albumen water in the early stages of the disease, later giving poached eggs and starches. He never allows milk or toast, believing that they are productive of much harm. Dr. Nammack, of New York, says, "If the relatives of the patient can be convinced that manslaughter is not premeditated, I prefer to give only water for the first few days." During the febrile stage he allows milk, eggs, strained vegetables, soups, broth, beef juice, oyster and clam soups, and cream.

Wright holds that milk increases the coagulability of the blood, it might, therefore, be advantageous to give this freely in cases where hemorrhage occurs and sparingly in thrombosis. Shattuck's diet list comprises lean meats, scraped beef, milk, oysters, apple sauce, etc.

Those advocating a liberal diet claim that with it, the mortality, if no lower, is certainly not higher; that the patient is more comfortable; that the attack is shortened; that convalescence is more prompt; and that neither relapse, hemorrhage, nor perforation is more common. In conclu-

sion I cannot do better than quote Nichols, who says, "Success and safety in liberal feeding depend not only upon the kind of food, but also upon the manner in which it is given. Each case should be individualized and the patient treated rather than the name of the disease. The feedings should follow, not precede, the bath. Follow as a main guide the patient's appetite and digestive powers. Hunger is taken as a reliable indication that food is needed and can be assimilated. Food is not forced on an unwilling patient, but whenever a genuine appetite and desire for food is evinced there should be no hesitation in immediately increasing his diet and putting it on a generous basis."

The best men in the medical profession in the State (if there are any best, for they are all good) will be present at the Anderson meeting next month. Would it not pay you to be there?

SEA-BATHERS' FEAR.*

By CHARLES W. KOLLOCK, M. D.,
Charleston, S. C.

I have not discovered a new disease nor am I about to describe any unusual pathological conditions, but desire to call your attention to a class of cases that may often be prevented, or readily relieved and cured, in most instances, by prompt and careful treatment, but which if allowed to run on without care, simply because they are not thoroughly understood and appreciated, may not only cause exceeding discomfort and intense pain, but at times very serious complications.

For a number of years I have spent a portion of the summer on Sullivan's Island and have noted that a good percentage of those who bathe in the salt water have trouble with their ears. These

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troubles are almost invariably due to the water getting into the ears and remaining there long enough to bring about the change which I shall describe. Certain pre-existing conditions in the ears render them more liable to be affected by the salt water.

1st. An accumulation of wax in the external canal, that has not attracted attention, becomes softened by the water, displaced, occupies more space and fills the lumen of the canal. Sudden deafness results for all sounds, except for the person's own voice, which seems confined to the head. Many subjective head noises may accompany this deafness (for external sounds) which are for the most part produced by pressure of the wax against the drum.

2nd. The size of the external canal may be abnormally small or choked at its entrance by hairs, or both, which causes an accumulation of the usual detritus, such as wax, dust, etc. The salt water softens the mass, decomposition takes place, the walls of the canal and outer surface of the drum become softened, inflammation sets up, which, owing to the confined space, is always accompanied by pain and not infrequently followed by the formation of an abscess in the walls of the canal.

In cases of eczema of the external canal salt water frequently causes violent inflammation and is often followed by a succession of furuncles. These cases are the less serious of those caused by entrance of salt water, because the trouble is usually confined to the external canal, but when a perforation or destruction of the drum membrane has been caused by previous middle ear disease there no longer remains a barrier to prevent the water from entering the middle ear, where it is almost certain to produce a recurrence of the former trouble. Of course, in all inflammations of the middle ear there is danger of involvement of the mastoid cells and the forma-

tion of an abscess. It is scarcely necessary to mention to you the serious consequences of such a complication. Ulceration of the tympanum not only destroys the membrane, but the chain of little bones which are so essential to hearing, and may involve the inner ear. It is apparent to all that these cases should receive prompt and energetic treatment, even though the initial involvement may seem trifling.

For the accumulation of wax simple syringing with some warm, non-irritating and sterile solution will usually give prompt relief, but this should not be done carelessly, nor should too much force be used. The walls of the canal may be bruised and abscesses result, or the drum membrane may be ruptured by the force of the stream. A warm solution of bicarbonate of soda is perhaps most satisfactory for this purpose as it is readily obtained and promptly softens the hardest mass. Various preparations have been advised and suggested for this purpose, such as glycerine, oil, hydrogen dioxide, etc., but none act better than the bicarbonate of soda solution. After the canal has been thoroughly and carefully dried by absorbent cotton it should be lightly dusted with boric acid, for it not infrequently happens that some irritation and perhaps ulceration of the walls of the canal have been caused by the wax. These are points that may and do become infected.

In cases where the epithelial mass has become decomposed, swelling and inflammation occur which render it more difficult to remove the offending mass, especially when the canal is abnormally small and there is a thick growth of hair at the entrance. On account of the swelling and acute pain several days may elapse before the accumulation can be thoroughly removed, and then only by most persistent and careful syringing with the bicarbonate of soda solution. After the canal has been cleansed, inflammation rapidly subsides

and hearing quickly improves. In cases where there is considerable pain and swelling great relief may be obtained from incising the walls of the canal and if no foreign material is present the so-called dry treatment is preferable. For obstinate cases, after thoroughly cleansing, a solution of alcohol and bichloride of mercury (1-500 or 1000) in equal parts may be dropped or syringed into the tympanum. This should be allowed to remain several minutes. Solutions of nitrate of silver (5 to 10 or 20 grs. to oz. I) and argyrol or protargol (5, 10, 20, or higher p. c.) may also be employed.

In brief, the treatment is quick removal, thorough drying and drainage. In cases predisposed to trouble, the water should be kept from ears or the person from the water. The water can be kept out of the ear by filling the opening with cotton or wool that is not absorbent, but those who have middle ear disease or perforated drum membranes should not bathe in the salt water, for even though the water may not enter the ears, still, the congestion that may follow may kindle the smouldering fire anew.

Come to the State Association meeting in Anderson, and come prepared to read a paper, or at least to discuss somebody else's paper. This is a plain duty you owe your profession.

LAPARATOMY FOR GUN-SHOT WOUND—REPORT OF CASE.

BY J. C. HARRIS, M. D.,
Anderson, S. C.

I will preface my report with a few remarks on this important subject, observed from the standpoint of a general practitioner. The general practitioner is supposed to meet the ills and hurts of the

*Read at the Annual Meeting of the Fourth District Medical Association, at Anderson, Jan. 28, 1908.

human body, and he should be able to meet them in a manner that would reflect honor upon himself and credit to the profession. For comparison's sake I will compare the abdominal cavity with the two other great cavities, cranial and thoracic. The two last named cavities when penetrated by a missile from a gun, do not give the same opportunity for surgical interference as the peritoneal cavity. Owing to the anatomical make-up of the cranial and thoracic cavities, death usually occurs at once, and if death does not take place at once, but little surgical interference is needed. Not so with the abdominal cavity. Many vital organs are contained in this cavity and when injured by a bullet are amenable to surgical treatment.

I take the position that all cases of penetrating gun shot wound of the abdominal cavity should be opened up and looked into, regardless of the absence of shock or other marked changes upon the constitution. Shock and weakness do not always accompany a severe wound of the organs of this cavity, as I will be able to show in my report later. The kind of gun used in these wounds should be considered. The shot-gun I will rule out of consideration, as it is so deadly in its effects at close range that I think no treatment is usually needed. A celebrated English hunter of much experience with fire arms in hunting in the jungles of Africa made the remark that the "shot-gun" was the most deadly of them all at close range. I agree with him. The rifle and the pistol bullets are the ones most often met, and give the attendant the best opportunity for successful treatment.

The report of my case is as follows:

A husky negro boy of 18 was accidentally shot with a cheap pistol .32 caliber, on December the 10th, 1907, about 8 P. M., some mile or so from his home, living ten miles from the city of Anderson. He walked home without any aid and did not seem much

hurt. He called Dr. W. S. Hutchison to see him after his return home. He did not report the accident at once when going home, but waited some time. The Doctor responded to the call that night and found the boy with a bullet hole one and one-half inch above the pubes, near the median line. He became convinced that the bullet penetrated the cavity. A laparotomy was advised by him, but it was refused. No perceptible shock or collapse was found. Pulse good and strong, 90 per minute, no fever, no tympany. Next day, Dec. 11th, some tympany, no blood in urine, bowels would not act. Pulse still good in the neighborhood of 90, but quite restless. Parents still gave no consent for an operation. December 12th, (Thursday) early in morning Dr. Hutchison saw patient and found him in a rather bad way. Tympanites was very marked all over the abdomen with considerable pain. Temperature 100 F., Pulse 96, no blood in urine. Bowels had never moved. At this visit the patient's parents gave their consent for an operation. All arrangements for an operation were made by 3 o'clock, 40 or 42 hours after the accident. With the assistance of Drs. Hutchison and Townsend, I made an exploratory incision through the linea alba about 4 inches long. I did not follow the course of the bullet but went above it. After getting into the cavity I merged a communication with the bullet hole. The abdominal cavity was reached very readily and the bowels were not hard to get at. My trouble was to keep them back. I found plenty of local peritonitis and escaped fecal matter in the abdominal cavity, with four perforations of the large bowels. The bullet had gone through the bowel twice, making the 4 perforations. The distance between the two wounds I will say was about 24 inches. Three of the perforations were round and were made directly through the bowel. The fourth was oblong and at least one-half inch long. The course of the bullet ranged upward and lodged somewhere in the muscles of the back. I found no damage beyond the perforations just described. Fortunately but little hemorrhage was met. The treatment was directed to cleaning out the peritoneal cavity and sewing up the perforations. No bleeding vessels at this late hour needed attention. The cavity was thoroughly irrigated with nor-

mal salt solution and the bowels returned after stitching up was completed. Firm silk was the material used (No. 3). The "Lembert" suture was the suture employed. No paring of ragged edges was practiced. They were turned in just as found, giving myself plenty of room for good and healthy tissue. The abdominal cavity was closed up without drainage with three lines of sutures.

The post operative history is of some interest inasmuch as the tympanitic condition ran so high that many of the stitches were pulled out as a result of tension. The good care that Dr. Hutchison gave him, with the aid of long adhesive strips and plenty of gauze to keep the bowels back, allowed the wound to heal up by granulation. This it did in a most satisfactory manner, which was a great surprise to me. The peritoneal cavity was irrigated once a day with normal salt solution and repacked and drained with iodoform gauze. The boy has quite recovered and I will bring him before the session later if he keeps his promise.

No excuse but a real emergency is sufficient to explain any doctor's absence from his Medical Association meeting.

ABDOMINAL DRAINAGE.*

By F. L. POTTS, M. D.,
Spartanburg, S. C.

When to, and when not to, drain in abdominal or pelvic surgery is a very important question to decide.

The indications for drainage depend largely upon the technical skill of the operator and the thoroughness of his antiseptic methods. During the early days when abdominal and pelvic surgery were in an evolutionary stage, drainage was very commonly practiced, but later on the pendulum of professional opinion swung to the opposite extreme, and it was very seldom, if at all, employed by the majority of operators. It was then when Lawson Tait wrote: "When in doubt, drain."

*Read at the meeting of the Fourth District Medical Association at Anderson Jan. 28, 1908.

Doubt, in those early days, was the prevailing mental attitude, and the result was for a time the almost constant employment of a tube. At the present day, however, the tendency among most surgeons is to take a middle course of action and to employ drainage when in their judgment or experience the absorbent powers of the peritoneum should not be solely relied upon to carry off the fluids which may accumulate in the peritoneal cavity. The operator is naturally not responsible for the pathological finding within the abdomen or pelvis, and when drainage in his judgment is required to meet certain well defined conditions, it is not an admission on his part of lack of skill, nor should the use of drainage under these circumstances be denounced as not being ideal surgery, as its object is to save life, and, after all, that is the only standard by which an operation can be judged.

When an operator is confronted with conditions which demand the choice of evils, he must select the one least harmful to his patient, and while the immediate or remote danger of drainage must be admitted and carefully considered, yet he should employ it whenever indicated to save life, even if the so-called ideals of surgery are overthrown and destroyed. The most important indication for drainage is the danger of septic infection following an abdominal or pelvic operation. The judgment and skill of the operator must decide the frequency with which it is employed for this purpose.

In order to understand the question of drainage as a safeguard against infection, we must first have a clear conception of the various ways the accident may occur after an abdominal operation, and also bear in mind that the absorptive power of the peritoneum, which is normally very active, may become greatly diminished on account of the exposure or injury to which the peritoneal surfaces are necessarily exposed during the operative manipulations.

In cases in which a non-localized suppurative process is present drainage is indicated, but when the purulent collection is contained in a sac which can be removed without rupture, there is little or no danger of infection occurring and hence drainage is unnecessary. In case of localized collection of pus, such as tubal or ovarian abscess, drainage is unnecessary when removed without rupture, but when ruptured and its contents escape over the peritoneum drainage should be used. I take little or no notice of the fact that in 50 per cent. of these cases the pus is sterile, and drain them all. Few, if any, operators in these parts are able to have a bacteriological examination made "while you wait."

The possibility of sterile discharges becoming subsequently septic and causing infection is often a serious question in certain cases, and while the peritoneum does undoubtedly take up a large quantity of fluid, and thus obviates the necessity for drainage in many instances, yet we must not forget that its absorptive power may be greatly diminished by injuries, or that the amount of fluid may be so great that it becomes infected before absorption occurs. To guard against the likelihood of these discharges becoming septic, requires not only perfect antiseptic methods, but also thorough hemostasis in order to prevent the subsequent accumulation of an excessive amount of blood or serum. The seat of operation should, therefore, be made as dry as possible before closing the abdomen by ligating all bleeding vessels and controlling the oozing which often takes place from more or less extensive areas of denudation, as well as by carefully sponging away all fluids that have settled in the pelvic pouches.

The amount of blood or serum which may be trusted to the absorptive power of the peritoneum cannot be determined with accuracy, and the problem therefore must be settled in each case by the indi-

vidual experience of the operator and his knowledge of the probable effects of the traumatic conditions present. Large areas of denudation, even when entirely dry at the time of closing the abdomen, may subsequently be the seat of free capillary oozing, and a large amount of blood and serum may be poured out. Again, if the intestines are exposed or roughly handled, serous oozing is likely to occur and add to the quantity of fluid discharged into the pelvic cavity. Furthermore, we must take into consideration that if there are large denuded areas in the pelvis, the fluids which gravitate into the cul-de-sac of Douglas, are very slowly absorbed, and are therefore liable, or likely, to become infected from close contact with the rectum, the walls of which may or may not be injured. And, finally, injuries of the intestinal walls, while they may not be severe enough to cause leakage, may however, permit, micro-organisms to escape from the bowel and infect the retained fluids.

It is therefore evident that the necessity for drainage is minimized if the surgeon is careful to repair all intestinal injuries and to cover, so far as possible, all denuded surfaces with peritoneum. It is obvious, from what has been said, that drainage is indicated in these cases when a large amount of capillary oozing is likely to occur and when the pelvis is extensively denuded, or the intestinal walls injured, if there is danger of the retained fluids becoming infected by the passage of septic organisms. The use of drainage under these conditions not only assists the peritoneum in carrying off the discharges, but it also lessens the oozing by keeping the seat of operation dry and stimulating the capillaries to contract.

Drainage is always indicated wherever it is impossible to remove all the infected structures at the time of operation. Thus in cases of circumscribed pelvic abscesses in which the pus is enclosed by the walls

of the pelvis and the intestines, it is obviously impossible to get rid of the diseased structures and leave an aseptic field. The same conditions are also present when the intestine is adherent to a tubal or ovarian abscess and when the purulent collection is situated between the folds of the broad ligament. An incomplete operation is a comparatively rare occurrence among most operators of the present day, and as a rule ulcerated or necrotic conditions of the intestinal walls can be thoroughly removed by excision, thus doing away with drainage in most of the cases. Drainage is occasionally required in injuries of the intestines, the bladder or the ureter as a precautionary measure in case of leakage. The modern teaching in the management of these traumatisms, however, is so nearly perfect that the danger of escape of the visceral contents is reduced to a minimum, and hence drainage is seldom indicated.

Anderson is the place; 10 a. m., April 15th, is the time.

OCULAR INJURIES.*

By E. W. CARPENTER, M. D.,
Greenville, S. C.

While this class of cases is not very numerous in this part of the country, owing to the absence of those industries which most often contribute to them, they do occur occasionally to disturb our equanimity, and while there are no fixed lines of procedure that can be laid down for any single case or class of cases, there are certain principles and danger signals which we should be prepared to recognize and apply.

The day has arrived when doctors who are not specially equipped to treat such conditions, refer them to those who are,

*Read at the Fourth District Medical Association meeting in Anderson, S. C., Jan. 28, 1908.

but sometimes this cannot be done, or valuable time is lost in transferring a patient. This short paper, then, is intended for specialist and general practitioner.

There are few conditions more bewildering than ocular injuries, for it is impossible to apply any fixed rules to each case owing to the variety of agents and tissues involved. Each case must be managed on its merits. Modern industrial conditions and the increased knowledge among the laity of the value of vision bring such injuries to our attention oftener than in the past. There has never been a period in the history of the world when there was a greater need of this sense, or the demand for good vision greater. Sight is the principal sense by which we hold communion with the outer world.

Classification: It is advisable to establish a classification for these injuries, but such a task would be unending, when one considers the quality of the inflicting agent and the diverse character of the lesions. Some writer has catalogued seventy different pathological lesions of the globe and orbit from traumatism.

Agents: In considering the agents which may cause these injuries we must include practically everything in the three kingdoms. Age, condition or environment have no influence. Injuries may, and do sometimes, occur before birth.

Location: Sometimes the location of the wound is of more importance than the nature of the inflicting agent, for an injury, though minute, in a certain location, is more serious than extensive ones in other areas. In a classification, I would consider the character of the injury of the first importance, for the amount of trauma may vary from a slight wound to the disorganization and loss of the entire organ. The wounds may be penetrating or non-penetrating.

The penetrating wounds may be divided into (a) incised, (b) lacerated and (c)

punctured. The offending material entering the globe and being retained or not.

The non-penetrating wounds also present all grades of severity from (a) compression, (b) contusion or (c) concussion, acting at the site of contact or on remote structures.

Nature of agent: On the other hand, in the experience of many the nature of the agent is of more importance than the location. For instance, horse-shoers are exposed to injuries where the most offensive kind of material constitute the inflicting agents, and penetrating wounds of this kind invariably result in the loss of vision or the organ. This suggests another classification,

Infected and non-infected: Do not imagine that non-penetrating wounds will necessarily be non-infected ones, because the immediate effect of the trauma is sometimes such as to so alter the nutrition of involved tissues that toxins or bacteria which may be present in the circulation, are offered a favorable nidus for mischief.

In the penetrating variety the media, especially the vitreous, offers a very acceptable soil for growth of infective agents so in this variety we have trauma plus infection, which may be primary or secondary.

I think internal hemorrhage makes infection more certain. Should this danger be escaped, the presence of blood in the posterior segment of an eye is serious, because the means at our disposal are highly inadequate for its removal. The blood is rarely entirely absorbed and often becomes organized, permanently obscuring vision or causing contiguous tissues to degenerate.

Treatment: In view of the infinite variety of possibilities in regard to location, extent, symptoms, complications, etc., rules of procedure in every case are impossible. Often our experience counts for nothing, so we must treat every case as

a law unto itself, using our judgment and knowledge of surgical principles. First, decide whether a case is recent or old; go minutely into historical details, taking nothing for granted, for often our trouble is repaid by discovering the character of the foreign body, direction, force of the inflicting agent, etc. If the case is an old injury, make haste slowly in criticising the first attendant, for often golden hours of comfort are bequeathed by temporizing, while on the other hand to hesitate is to lose our only chance. In all doubtful cases consultation should be had, for the best of us can make mistakes and sometimes the "small fry" is right; mistakes are common heritage.

We should treat all open wounds as infected. If the iris protrudes and the case is recent, excise or replace it, using immaculate asepsis and general anaesthesia; then apply atropia, rest and ice; these are sheet anchors. In old cases wait for perfect quiescence before surgical interference. This statement admits of some exceptions.

In foreign-body cases there exists a wide sphere for the application of our judgment. A broad rule is to remove the foreign body at once, wherever located. But often in injuries caused by explosives the particles are so numerous that it would cause too much added trauma to remove them all, so we must be content to remove as many as seems wise and wait for quiescence before further interference, remembering that penetrating wounds and retained foreign bodies are always serious. Sometimes a foreign body may be retained and the eye become apparently quiet but may, like a volcano, fire up at any time. Often after the foreign body has been removed and quietude established, degeneration goes slowly and silently on to loss of vision. A blind eye is a dangerous eye and one can lose nothing by removing it when in doubt, unless it be in children,

for here its presence is necessary for the proper development of the socket.

Burns: This is a class of injury I have not mentioned; they may be caused by fire, steam or chemicals. In these cases the first question asked will be for a prognosis, and if you are wise you will be very guarded in promising anything, for often it requires days and weeks to determine the extent of damage, and on the other hand injured tissue, such as the cornea, shows wonderful recuperative qualities. Lime burns are frequent, and a common mistake made in their treatment is to use water; this dissolves the particles of lime and increases the injury. Use oil, dry cotton or a syrup made with granulated sugar; the latter forms an insoluble precipitate with the lime.

In conclusion let me say that a blind eye is a dangerous one. Don't hesitate to remove it if it is irritable or causes irritation of the sound eye. If an eye contains a foreign body, advise its removal, unless it can be kept under constant and intelligent supervision.

The busy doctor is the one who knows how to arrange his business to get off to meetings of his Medical Associations.

County Societies

ABBEVILLE.

The regular monthly meeting of the Abbeville County Medical Society was held March, 6th, in the Commercial Club rooms. Ten out of fourteen members were present and a lively discussion ensued on every subject that was introduced. A number of clinical cases were presented and examined.

Neuffer's Travelogues.

The principal feature of the meeting was a talk by Dr. G. A. Neuffer who has recently returned from an extended trip through Cuba. His descriptions of the hospitals and doctors that he visited on the island was interesting.

He illustrated his talk with souvenir postal cards, and some were very novel and pointed. Dr. Neuffer always favors us with a good description of things when he returns from a visit to any place, even if it is not so far from home as his last trip.

This was our first good meeting since the holidays and we had quite a number of excuses rendered why the various ones were absent, all promising to do better in the future. We hope they will find it convenient to keep their promises, for it is hard work to keep a society in running shape when only a few take interest in it.

If Not, Why Not?

If each member of a county society will sit down in some quiet place and think about what the medical society has done for him he can readily see that it has been a great benefit in more ways than one. If he can't see this then there is something wrong somewhere, and it is up to him to find out where it is. Look around and may be you can find it in your yard. Now, granting you see the benefits and appreciate them, it is time for you to begin to do something for the society which has given you those benefits. Are you doing anything along that line, and if not, why don't you?

Is a Drought Predicted?

Our next regular meeting will be held the 2nd of April, and a little later we are all going to the big meeting in Anderson where everything is so dry, but then they promise to give us a good time with electric breezes, etc. We must all be there.—C. C. Gambrell, M. D., Sec'y.

CHARLESTON.

The Medical Society of South Carolina (Charleston) held its regular monthly meeting March 2nd. Many matters of importance came up, most notably, perhaps, the first steps toward the erection of the R. A. Kinloch house for nurses. Ever since the new Roper Hospital was erected the need of a house for nurses, in keeping with our other hospital appointments was pressing. With this object in view a fund was started some years ago by the King's Daughters. This has steadily grown from year to year, but was still inadequate for the purpose. Through the philanthropy of our public-spirited citizen, Mr. F. J. Pelzer, this dream is about to

be realized. Agreement has been drawn up between City Council and the Medical Society, and the building committee will now get to work.

The management of the hospital and training school was today turned over to Miss Leila V. Jones who, it will be remembered, rendered such excellent service to this training school for nurses when it was in its infancy. Since 1904 she has been in charge of the training school connected with the Harrisburg, Pa., Hospital. With one of her decision and ripe experience at the helm the affairs of the hospital will be administered with judgment and profit.

At our January meeting a resolution was offered and adopted endorsing the action of the Kentucky State Medical Association relative to the fight for pure drugs.

The following lectures were selected for the subjects outlined by our ever-energetic committee on public health and sanitation, at the last meeting:

1. Public Water Supply and Disease, Mr. Philip Chazal.
2. Milk and Its Relation to Disease, Dr. Mood.
3. The Origin and Prevention of Malaria, Dr. Ball.
4. Hygiene of School Life, Dr. Kollock.
5. Tuberculosis, Dr. Dawson.
6. Communicable Diseases and How to Prevent Them, Dr. A. J. Buist.

The time and place for these lectures will be arranged by the committee. The first of these will be delivered at the Commercial Club in April. If the interest which this subject deserves can be aroused much will be accomplished in educating the public on these important matters.

The profession and all who knew him learned with sorrow of the death of Dr. Edward Jenner Kinloch, which occurred January 31st, at his home in Summerville. The committee appointed for that purpose fittingly eulogized his memory. He has not been an active member of this society, nor has he actively practiced medicine here in some years, owing to ill-health. His father was Dr. Robert A. Kinloch.

Drs. A. C. Wildhagen, Thos. Duncan and Kivy Pearlstine were elected members of the society.—A. J. Jervy, M. D., Secretary.

The busy doctor is the one who knows how to arrange his business to get off to meetings of his Medical Associations.

COLLETON.

The Colleton County Medical Society met in Walterboro on March 3rd. At this meeting the annual election of officers for the ensuing year was taken up with the following elections:

President, J. T. Taylor; Vice-president, W. B. Ackerman; Secretary and Treasurer, Theodore G. Kershaw; Delegate, W. A. Kirby; Alternate, C. H. EsDorn.

Date of next meeting, May 5th.

Playing the Game Right.

Dr. Taylor made a report of the attempt of the legislative committee to have some laws enacted for the better protection of the people and physicians in this State. He advised that the best way for the society to show its disapproval of the manner in which our delegation in the legislature acted was to write each man in the delegation a personal letter, asking what position he took in this matter, and after we had gotten hold of his reply, to use our influence for those that were willing to help us, and to oppose those that opposed us, giving him or them our reasons for the same, and not only not to vote for them ourselves, but to use our influence to wean away their present friends, as much as we could. This was afterwards put in the form of a motion, and was carried unanimously. I trust that the men will not fall down on it.

On motion of Dr. W. A. Kirby, the present method of writing papers, the appointments being made from the chair, was rescinded, and in its place the method of a great many of the other societies was adopted: that of appointing a subject for discussion, and appointing a leader. The subject appointed was "Influenza, or La Grippe, its Complications and Sequelae," with Dr. Rid-dick Ackerman as leader.

Public Lecture.

The secretary was instructed to invite some well qualified physician to give the first of a series of talks on public hygiene and other subjects of interest to the community at large, to be given under the auspices of our County Society, the first of these will be given on the 15th of April, the subject and the lecturer to be announced later.

It was the unanimous verdict that the "black list" adopted last year was a fine thing, and that while it did not cause a great many people to settle up their back accounts, it made them a great deal more careful now

in employing a physician, and it made a great many people who were very slow pay, come to time in a hurry, they having a healthy fear of being blacklisted. It was decided to continue it with all the force of the past year.

On motion to adjourn, the society meeting closed, and proceeded to the hotel, where they were entertained at dinner by Dr. Es Dorn.—Theodore G. Kershaw, M. D., Sec'y.

CHESTER.

The following were elected officers of the Chester County Medical Society for the ensuing year: Pres., W. DeK. Wylie; vice-president, J. G. Johnston; sec'y and treas., W. B. Cox; censors: 1st year, R. L. Douglas; 2nd year, H. E. McConnell; 3d year, A. M. Wylie. Delegate to the state association, Frank Lander.

Reflex Epilepsy.

Dr. J. P. Young reported an interesting case of reflex epilepsy in a child about one year old. Usually the attacks would occur about every two weeks but sometimes oftener. The child had never had any sickness and was apparently healthy. There was no history of epilepsy in either father or mother. At the birth of the child the labor was perfectly normal, and no instruments were used. Apparently no cause could be found for the trouble, but, on making an effort to secure a sample of urine for examination it was discovered that the child had atresia of the vagina. The parents were advised that sooner or later an operation would be necessary to relieve this condition; and it was suggested that this might be a possible cause of the epilepsy. They gave their consent and the operation was performed, with the result that the child has not since had an attack, although it has now been several months since the operation.

Our Medical Society meets regularly on the first Monday of each month.—W. B. Cox, M. D., Sec'y.

The South Carolina Medical Association will meet in Anderson at 10 a. m., on Wednesday, April 15th. It is your business to be there. Can you afford to miss it?

DORCHESTER.

The Dorchester County Medical Association held its regular monthly meeting Monday, March 2nd, in Dr. Tupper's office at Summerville, with the following members present: Drs. F. Julian Carroll, John B. Johnston, H. B. Lee, J. P. Mellard, W. P. Shuler, Edmund W. Simons, and Elias D. Tuper.

The essayist and alternate both being absent, the association was left without a paper for discussion.

Dr. Lee reported several cases of influenza in children in which the cervical glands were involved. Dr. Carroll reported an epidemic of conjunctivitis among the babies and attendants at "The Sheltering Arms," a home for deserted infants, of which he is the attending physician.

A letter from the State Secretary, Dr. Cheyne, was read inviting the members to prepare papers for the Anderson meeting.

Although the meeting was not nearly as well attended as it ought to have been, considerable interest was manifested in things medical, and the gathering was altogether very satisfactory.

The next regular meeting will be held at St. George, April 6th, when Dr. John B. Johnston will read the essay, and if by any possibility (which is not at all likely) he should fail to appear, Dr. Harley, the alternate essayist, will supply the subject for discussion. —Edmund W. Simons, M. D., Sec'y.

Do you not owe it to your patients to widen your point of view by attending the Medical Association meeting and mixing with your brother doctors?

GREENVILLE.

The Greenville County Medical Society held its regular monthly meeting Monday, March 2nd, president Jervey in the chair. A very interesting clinical case was presented by Dr. Richardson of a child (girl) two and one half years old, showing a marked exophthalmic condition, together with an eczema of an aggravated nature, of more or less general distribution. The general opinion of the society was that there was a condition of intra-cerebral pressure and that the etiology of the trouble was specific, with a bad prognosis. The members of the society were grateful to Dr. Richardson for having the privilege of seeing

the case. The case was discussed by Drs. Carpenter, Baily, Shaw, Duckett, Earle, (C. B.), and Jervey.

Drs. Delk and Gentry, both of whom were to read papers at this meeting, being absent, this part of the program had to be passed over. The time, however, was profitably spent in a discussion of the use of diphtheria antitoxin and the recent fatal cases resulting therefrom. Those taking part in the discussion were Drs. Stephens, Houston, Carpenter, Baily, Mauldin, Stone, Shaw, Earle, (T. T.), Duckett, Earle, (C. B.-), Jervey and Burnett.

On motion, the committee appointed at the January meeting to petition the State Legislature relative to positions of health officers, was discontinued.

Under head of new business the secretary read a new paper from Dr. Walter Cheyne calling attention to certain proposed amendments to the Constitution of the State Medical Association to be brought before that body at its coming session April 14th, at Anderson. The matter was discussed but no action taken by the society.

The following is the program for the April meeting: Paper on "Gastric Ulcer," by Dr. T. C. Stone; Leader of discussion, Dr. T. T. Earle.

The roll call showed the following members present at this meeting: Drs. Baily, Burnett, Carpenter, Duckett, Earle, T. T., Earle, C. B., Houston, Jervey, Mauldin, L. O., Richardson, Shaw, Stephens, Stone, White and Dr. Howard, Visitor.

A Ringing Appeal.

To every physician living or practicing medicine in Greenville County: please read the offer to county secretaries of this state made by the editor and publisher in the February issue of the Journal. Your secretary would be highly elated to be the recipient of all those prizes for his own sake but especially for his Society's sake. The bestowal of the prizes lies wholly in the hands of the doctors of Greenville County. Become members of the society and attend its meetings regularly and you will not only give your secretary the books, but what is more important you will build up the best society in the State and greatly advance your interests and that of the profession at large.—W. M. Burnett, M. D., Secretary.

Anderson is the place; 10 a. m., April 15th, is the time.

GREENWOOD.

The Greenwood County Medical Society held its regular monthly meeting on Monday, March 2nd, 1908. This meeting was an especially interestin one and we hope sets the pace for the future.

The subject for the day, "Strychnia," was thoroughly and ably discussed. The report of clinical cases was full and provoked much discussion and the relating of much experience. At this meeting we were favored by the presence of Dr. Goddard, of Dillon, S. C. Dr. S. D. Tyler, of Verdery, one of our members has removed to Jackson, S. C. The society at this meeting elected, as delegate to the State Association, Dr. Willie T. Jones, and Dr. John Lyon as alternate.—J. B. Hughey, M. D., Secretary.

KERSHAW.

One of the most enjoyable incidents in the history of this society was the January meeting. Dr. John L. Dawson attended the meeting as a guest of the society and gave a lecture to the public on tuberculosis under the auspices of the society. The lecture was given in the Opera House. On the stage with the lecturer were the members of the society with the exception of one unfortunate member who lives several miles away and was unavoidably absent.

The president of the society introduced the Mayor of Camden, who in a very happy little talk introduced the lecturer to a large audience of Camden's best people. The lecture was a very able one and it is believed that much good will be the result, in that those who heard the lecture were awakened to the fact that tuberculosis is unnecessary. The members of the S. C. Association know Dr. Dawson, so there is no need for comment upon the lecture. It was by Dawson, and that is "nuf sed."

After the lecture the members of the society adjourned to the "Kirkland," where a delightful banquet was served. The members of the society, the druggists of the city, and several brethern of the profession who are spending the winter in Camden attended the banquet. After the banquet the January meeting of the society was adjourned by the president until Feb. 11th.

February Meeting.

On this date the society met in the office of the president, Dr. Corbett, and proceeded to the annual election of officers. The follow-

ing officers were elected: Pres., W. J. Dunn; v. pres., Dr. Clyburn; sec.-treas., A. W. Burnett; delegate to the House of Delegates, W. J. Burdell; alternate, Dr. Dunn.

The delegate was instructed to bring before the House of Delegates the claim that the society has against the Board of Councillors for money spent in the trial of one Baker for illegal practice of medicine. This case was tried in 1906, but for some reason the society has not been able to collect the claim from the Council.

Hospital Proposed.

A hospital for Camden was discussed and the president appointed a committee to look into the matter and report at the next meeting of the society. Drs. Corbett, Burnett and Brasington were appointed as this committee.

Resolutions condemning the "Nurses Bill," and the proposed \$25.00 per week fee of the Nurses Association were adopted. The society then adjourned until the regular meeting in March.

The indications are that this society, which is one of the oldest county societies in the State, is taking a new hold on life, and perhaps ere long she will forge ahead again as she did in the insurance matter. Watch Kershaw County Society! She may not speak out very often, but when she does there is going to be something doing.—Burdell.

SUMTER.

The regular meeting of the Sumter County Medical Society was held on February 6th, 1908. There were present, Drs. Dwight, Spann Baker, Cheyne, Stucky, and Holman.

A beneficial meeting was held and all present spent a pleasant and profitable evening.—F. K. Holman, M. D., Secretary.

YORK.

The York County Medical Society met at Clover, March 6th, and about a dozen members were present. Dr. A. L. Bratton, of Yorkville, read an interesting paper. There was quite an interesting discussion upon the subject of "Cocaine Prescriptions for Other Than Medicinal Purposes."

The next meeting will be held in Yorkville on the first Monday of May.

No excuse but a real emergency is sufficient to explain any doctor's absence from his Medical Association meeting.

Personal

Dr. W. E. Goddard, of Dillon, visited the Greenwood County Medical Society at its March meeting.

Dr. S. D. Tyler, of Verdery, has removed to Jackson, S. C.

Dr. Frank M. Lander, formerly of Williams-ton, has moved to Chester, and is now associated with Dr. S. W. Pryor in hospital practice.

Dr. R. E. Hughes and Dr. W. H. Dial, of Laurens, attended the Tri-State meeting in Charlotte. Dr. Hughes was confined to his bed last week with acute rheumatism.

Dr. T. J. Peak has sold out his drug business in Cross Hill to Dr. E. W. Pinson. Dr. Pinson has given up his practice and will devote all his time to his drug store.

The friends of **Dr. J. H. Miller**, of Cross Hill, are urging him to become a candidate again for the House.

Drs. G. A. Neuffer, of Abbeville, and **R. B. Epting**, of Greenwood, are in Cuba on a pleasure trip.

Dr. Laurence Bailey has located in Laurens for the practice of medicine.

Dr. J. C. Harper, of Greenwood, has been visiting in Lowndesville. Dr. Harper was recently married to Miss Nan McCoughrin, of Newberry.

Dr. R. A. Fuller, of Moultrieville, recently visited Columbia.

Dr. H. D. Pressley, of Birmingham, Ala., has been visiting his home people in Due West.

Dr. C. F. Williams, of Columbia, visited the Piedmont section during the month on State Board of Health business.

Dr. F. L. Parker, Jr., of Charleston, has been appointed official chemist for the State Board of Health for the ensuing year.

Dr. W. Gill Wylie, of New York, visited Greenville during the month.

Dr. Walter Cheyne delivered a lecture in the Masonic Temple on the evening of February 18th, on the subject of "Patent Medicines," which was heard by an interested audience. The lecture was thoroughly practical, and was replete with facts of general interest which were stated in a forcible and striking manner.—Sumter Item.

The many friends of **Dr. J. W. McCandless**, of Chesterfield, will regret to learn of the loss of his wife, who died on February 20th, last.

News and Miscellany

COUNCIL ON PHARMACY REPORT.

The following articles have been added to the list of New and Non-Official Remedies approved by the Council on Pharmacy and Chemistry, published in the Journal March 14.

Bromural (Knoll & Co.)

Elixir Buchu, Juniper & Acetate Potass. P-M Co. (Pitman- Myers Co.)

Tablets Aqet-Phenetidin Comp. P-M Co. (Pitman-Myers Co.)

Syrup Cannabis Comp. P-M. Co. (Pitman-Myers Co.)

The best men in the medical profession in the State (if there are any best, for they are all good) will be present at the Anderson meeting next month. Would it not pay you to be there?

STATE BOARD OF HEALTH.

At the called meeting on Feb. 29th, only two things were considered by the Board—the State Health Officer Act and the Pure Food and Drug Act. The enclosed notice covers the action taken on the Health Officer Bill, and Dr. F. L. Parker, Jr., of Charleston, was appointed analyst under the Food and Drug Act. It is the intention of the Board to have Dr. Parker push this work at once.

The best men in the medical profession in the State (if there are any best, for they are all good) will be present at the Anderson meeting next month. Would it not pay you to be there?

The Central Committee of the International Congress on Tuberculosis has Announced the Offer of the Following Prizes:

I. A prize of \$1,000 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary Association since the last International Congress in 1905. In addition two gold medals and three silver medals will be awarded.

II. A prize of \$1,000 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among

the working class. In addition two gold medals and three silver medals will be awarded.

III. A prize of \$1,000 is offered for the best exhibit of a furnished house, for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. In addition two gold medals and three silver medals will be awarded. This prize is designated to stimulate efforts towards securing a maximum of sun-light, ventilation, proper heating, and general sanitary arrangement for an inexpensive home. A model of house and furnishing is required.

IV. A prize of \$1,000 is offered for the best exhibit of a dispensary or kindred institution for the treatment of the tuberculosis poor. In addition two gold medals and three silver medals will be awarded.

V. A prize of \$1,000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition two gold medals and three silver medals will be awarded.

VI. The Hodgkins Fund Prize of \$1,500 is offered by the Smithsonian Institution for the best treatise that may be submitted on "The Relation of Atmospheric Air to Tuberculosis."

VII. Prizes for Educational Leaflets:

A prize of \$100 is offered for the best educational leaflet submitted in each of the seven classes defined below. In addition a gold medal and two silver medals will be awarded in each class.

Competitors must be entered under assumed names.

- A. For adults generally (not to exceed 1,000 words).
- B. For teachers (not to exceed 2,000 words).
- C. For mothers (not to exceed 1,000 words).
- D. For in-door workers (not to exceed 1,000 words).
- E. For dairy farmers (not to exceed 1,000 words).
- F. For school children in grammar grades grades (not to exceed 500 words).
In classes A, B, C, D, E, and F, brevity of statement without sacrifice of clearness will be of weight in awarding. All leaflets entered must be printed in the form they are designed to take.
- G. Pictorial booklet for school children

in primary grades and for the nursery.

Class G. is designed to produce an artistic picture-book for children, extolling the value of fresh air, sun-light cleanliness, etc., and showing contrasting conditions. "Slovenly Peter" has been suggested as a possible type. Entry may be made in the form of original designs without printing.

VIII. A gold medal and two silver medals are offered for the best exhibits sent in by any States of the United States, illustrating effective organization for the restriction of tuberculosis.

IX. A gold medal and two silver medals are offered for the best exhibits sent in by any State or Country (the United States excluded), illustrating effective organization for the restriction of tuberculosis.

X. A gold medal and two silver medals are offered for each of the following exhibits:

- A. For the best contribution to the pathological exhibit.
- B. For the best exhibit of laws and ordinances in force June 1st, 1908, for the prevention of tuberculosis by any State of the United States. Brief required.
- C. For the best exhibit of laws and ordinances in force June 1st, 1908, for the prevention of tuberculosis by any State or Country (the United States excluded). Brief required.
- D. For the best exhibit of laws and ordinances in force June 1st, 1908, for the prevention of tuberculosis by any municipality in the world. Brief required.
- E. For the society engaged in the crusade against tuberculosis having the largest membership in relation to population. Brief required.
- F. For the plans which have proven best for raising money for the crusade against tuberculosis. Brief required.
- G. For the best exhibit of a passenger railway car in the interest of the crusade against tuberculosis. Brief required.
- H. For the best plans for employment for arrested cases of tuberculosis. Brief required.
- XI. Prizes of two gold medals and three silver medals will be awarded for the best exhibit of a work-shop or factory in the interest of the crusade against tuberculosis.

The following constitute the Committee on prizes:

- Dr. Charles J. Hatfield, Philadelphia, Chairman
 Dr. Thomas G. Ashton, Philadelphia, Secretary
 Dr. Edward R. Baldwin, Saranac Lake
 Dr. Sherman G. Bonney, Denver
 Dr. John L. Dawson, Charleston, S. C.
 Dr. H. B. Favill, Chicago
 Dr. John B. Hawes, 2nd., Boston
 Dr. H. D. Holton, Brattleboro
 Dr. E. C. Levy, Richmond, Virginia
 Dr. Charles L. Minor, Asheville, N. C.
 Dr. Estes Nichols, Augusta, Me.
 Dr. M. J. Rosenau, Washington
 Dr. J. Madison Taylor, Philadelphia
 Dr. William S. Thayer, Baltimore
 Dr. Louis M. Warfield, St. Louis

PHILADELPHIA MEDICAL SCHOOLS AND THE U. S. PHARMACOPOEIA.

At an informal conference called by Prof. Joseph P. Remington, of the teachers named below in the medical schools of Philadelphia, the following resolution was passed:

"Resolved, That it of the utmost importance for accuracy in prescribing, and in the treatment of disease, that students of Medicine be instructed fully as to those portions of the United States Pharmacopoeia which are of value to the practitioner, and that members of the medical profession be urged to prescribe the preparations of that publication, and further, that this resolution be forwarded to the medical and pharmaceutical journals, and to the teachers of medicine and therapeutics in the United States.

- James Tyson, M. D.
 John H. Musser, M. D.
 John Marshall, M. D.
 Horatio C. Wood, Jr., M. D.
 H. A. Hare, M. D.
 J. W. Halland, M. D.
 Alfred Utengel, M. D.
 David L. Edsall, M. D.
 Seneca Egbert, M. D.
 M. C. Thrush, M. D.
 James Wilson, M. D.
 E. Q. Thornton, M. D.
 John V. Shoemaker, M. D.
 I. Newton Snively, M. D.
 J. M. Andrews, M. D.
 S. Colis Cohen, M. D.

February 3d, 1908.

DR. SAYE'S GOOD WORK.

The people of York county now have a road law. It is not perfect. Its author, even, will no make any such claim; but it is based on sound principles throughout and is the best thing in the shape of a road law that has yet been passed by the South Carolina General Assembly. If the people of York county really want good roads, this law will now furnish the means. The greatest difficulty about previous road laws has been that they assumed that roads could be had without paying and digging. This new law recognizes that if they are to be any roads there must be some digging and paying. And if there is no objection to the law, as there will surely will be, it will hinge principally upon the digging and paying provisions. But whatever else the law is or is not, there is no doubt of the fact that it is an honest and courageous effort to solve problems that the lawmakers have heretofore been willing to meet squarely on their merits. Well done, Dr. Saye.—Yorkville Enquirer.

CHARLESTON QUARANTINE STATION.

Arrangements are now being made for the formal transfer of the Quarantine Station at Fort Johnson, which was recently ceded to the State to the United States Government. The surgeon of the public health and marine hospital service, Dr. Baylis H. Earle, who has been in charge of the operation of the Fort Johnson station for some time, has sent a communication to Surgeon General Wyman, at Washington, informing him that the Legislature has consented to put the plant under the control of and in the possession of the Government, and it is expected that the State board of health will hear from this official in a very short time. When the Government takes absolute possession of the Charleston Quarantine Station along with the other three in the State, namely, at Beaufort, Georgetown and Port Royal, it is expected that extensive repairs will be made at the various locations and the service will be brought up to the standard.

Come to the State Association meeting in Anderson, and come prepared to read a paper, or at least to discuss somebody else's paper. This is a plain duty you owe your profession.

THE PRESENT TREATMENT OF PUERPERAL SAPREMIA AND PUERPERAL SEPSIS.

The treatment of puerperal sapremia may be said to have been pretty definitely settled and decided. The accepted treatment is neither experimental nor is it based on theoretical deductions. Our knowledge of the subject strongly indicating the removal of all decomposing material from the uterine cavity. Digital exploration of the uterus should be made, by this means one can often diagnose the case and remove the offending material at the same time. Either bleeding alone or bleeding associated with an offensive discharge calls for the use of the curette. The author prefers the wide bladed instrument as being more effective and less dangerous. The treatment of puerperal sepsis is undecided, unsettled and unsatisfactory. Several mostly ineffective lines of treatment have been laid down by different enthusiasts. In the serums or the opsonins evidently lies the hope of the future. The medical treatment is expectant, symptomatic and supportive. The author lays stress on the importance of nutritious easily digested diet, much reliance being placed on normal saline enemata in the severer types of the disease. The various so-called specific treatments are mentioned but none of them are deemed worthy of serious consideration. With the exception of draining collection of pus surgical measures are as a rule to be deprecated.—Abstract, J. E. Cannaday, Amer. Jour. Obstet.

No excuse but a real emergency is sufficient to explain any doctor's absence from his Medical Association meeting.

TRI-STATE MEDICAL ASSOCIATION.

The Tri-State Medical Association of the Carolinas and Virginia held its annual convention in Charlotte, N. C., February 18-19. The headquarters of the Association were at the Selwyn Hotel, in the assembly hall of which the meetings were held. The Address of Welcome was made by Mr. D. A. Tompkins, whose selection for this function was a most happy one, not only because of his pre-eminence as one of the great leaders of the new South—the business South—the man-

ufacturing South, but also because of his well known regard for the great profession of medicine and his present close affiliation with some of the leading physicians of Charlotte in the building of a splendid new hospital in that City. Mr. Tompkin's address was a most happy one, emphasizing especially the great results to be attained by the co-operation of the public with the medical profession. The Response, in behalf of the Association, was made by Dr. J. W. Jervey, of Greenville, S. C.

Dr. E. C. Register of Charlotte, Chairman of the Entertainment Committee, who presided over the opening ceremonies, then called for the annual address of the President, Dr. Stuart McGuire, of Richmond. Dr. McGuire reviewed the history of the Association, and he showed clearly not only the aid of the organization but the great educational and professional advantages which accrue to all of its members. At the conclusion of this address Dr. McGuire took charge of the meeting as chairman, and called for the papers on the program.

The South Carolina members who had places on the program were as follows:

"Discussion of the treatment of Epilepsy," by Dr. T. Prioleau Whaley of Charleston, S. C.

"The Study of the Eye as an Aid to Diagnosis of Systemic Diseases," Dr. Leland O. Mauldin, Greenville, S. C.

"Some Important Points in Medical Jurisprudence," Dr. Rolfe E. Hughes, Laurens, S. C.

"Renal Tuberculosis," Dr. LeGrand Guerry, Columbia, S. C.

"Tuberculosis of the Uterus and its Adnexae," Dr. A. E. Baker, Charleston, S. C.

"The Successful Treatment of Catarrhal Deafness With Especial Reference to the Conditions in the Fossae of Rosenmuller," Dr. J. W. Jervey, Greenville, S. C.

"Report of Interesting Cases," Dr. E. W. Carpenter, Greenville, S. C.

"The Significance of Angiosclerosis in the Eye," Dr. Chas W. Kollock, Charleston, S. C.

"Placenta Praevia," Dr. W. P. Timmerman, Batesburg, S. C.

"The value of the Recognition of the Pathology in Hemorrhages of the Uterus," Dr. C. M. Rees, Charleston, S. C.

"Report of Complicated Obstetrical Cases," Dr. C. C. Gambrell, Abbeville, S. C.

"Recent Experience in the Treatment of Fractured Patellae," Dr. Theodore Maddox, Union, S. C.

The meeting was attended by nearly two hundred physicians from the three states and a number of distinguished visitors from other states among these being Dr. L. S. Barker, of Johns Hopkins University, Baltimore; Dr. H. A. Hare, Philadelphia; Dr. C. A. L. Reed, Cincinnati; Dr. J. A. Bodine, Dr. W. D. Pritchard and Dr. A. H. Goelet, of New York City. All in all, it was the best attended and most successful meeting the Association has ever held and too much praise cannot be given to the interest and energy in working up the meeting displayed by its distinguished President, Dr. Stuart McGuire, and to its indefatigable and like-wise distinguished Secretary, Dr. J. Howell Way, of Waynesville, N. C.

The social side of the convention was marked by a reception on the evening of the eighteenth in the parlors of the Selwyn Hotel which was a large and brilliant affair.

Officers elected for the ensuing year were as follows: President, Dr. Albert Anderson, of Raleigh; vice presidents, Dr. R. C. Bryan, of Richmond, Va.; Dr. J. E. Stokes of Salisbury; Dr. W. P. Timmerman, of Batesburg, S. C.; secretary-treasurer, Dr. J. Howell Way of Waynesville. The following were elected to serve on the judicial council in addition to those already constituting its membership: Drs. E. G. Williams of Richmond, Va.; A. J. Crowell, of Charlotte, and A. E. Baker, of Charleston, S. C.

The next annual meeting of the Association will be held in Charleston, S. C., on the third Tuesday in February, 1909.

Fifty-seven new members were elected and it is apparent that this splendid Association, representative as it is of the best professional thought of the South Atlantic Seaboard States, is experiencing a prosperity and widespread community of interest which is eclipsing even the record which it had made for itself heretofore. Its membership is limited to those who are in good standing in the state associations of the three states, and it is not too much to say that every man of these would find it to his interest to affiliate with the Tri-State Association. There is certain to be an unprecedentedly large and successful meeting next year in Charleston.

Correspondence

A CORRECTION.

Spartanburg, Mar. 5, 1908.

To the Editor: I notice in the February number of the Journal of the South Carolina Medical Association, page 80, my article reads bichromate of potash, where it should be bicarbonate of potassium. Please have it corrected in the next issue of the Journal. With best wishes, I am, very truly yours,

J. H. Allen.

FROM A GOOD ONE.

Abbeville, S. C.

To the Editor: I see you are after the secretaries and I hope you will succeed, for they are not taking the interest in the work they should. I am not in the contest for I have used up all my ammunition; not a single doctor in this county that is eligible that is not a member. Hand me prize one.—C. C. Gambrell, M. D.

(The doctor can still try for the "attendance" prize, and we certainly hope he will set the pace fast.—Ed.)

The best men in the medical profession in the State (if there are any best, for they are all good) will be present at the Anderson meeting next month. Would it not pay you to be there?

Obituary

THOMAS D. HAIRSTON, M. D.

Dr. Thomas D. Hairston, aged 46, and a native of Laurens county, but for the past 11 years a resident of Clifton, Spartanburg county, died March 1st, at his hotel at Manatee, Fla., where he was spending the winter. His body was brought home for burial. He was a brother of Mr. R. O. Hairston, of Laurens county.

The South Carolina Medical Association will meet in 'Anderson at 10 a. m., on Wednesday, April 15th. It is your business to be there. Can you afford to miss it?

Association News

Preliminary Programme of the Sixtieth Annual Meeting of The South Carolina Medical Association, to Be Held at Anderson, S. C., April 14, 15 and 16, and (if necessary) 17, 1908.

Information.

Excursion rates will be granted to the bearer of a certificate, duly countersigned by the Secretary of the Association and the agent of the railroad company at Anderson, S. C. Do not fail to secure this blank properly filled out by your local agent.

Members and others intending to present papers, will please send the title of the same to the Secretary before the first day of April, or they will have no place on the final program. Unannounced subjects will have no place on the final program. The authors of such papers will kindly send the titles to the Secretary if they desire to appear on the final programme.

Hotels at Anderson.

The Chiquola Hotel will be the headquarters of the Association. Rates \$2 to \$2.50 per day. Colonial Inn will accommodate guests at \$1.50 to \$2.00 per day.

Scientific sessions will be held in Masonic Hall, commencing Wednesday, April 15th, at 10 a.m. to 1 p.m., 3:30 to 6 p.m., and 8 to 10 p.m., daily. House of Delegates will meet in the parlors of Chiquola Hotel at 2 p.m. sharp, Tuesday, April 14th, 1908, and thereafter as ordered.

By-Laws, Chapter 9, Sect. 11: "The Secretary of the (county) Medical Society shall send a list of delegates to the Secretary of the Association at least ten days before the Annual Session."

The Local Committee of Arrangements consists of Dr. J. R. Young, chairman, and Drs. S. W. Page, W. H. Nardin, Sr., J. O. Wilhite, J. M. Richardson, S. M. Orr, J. P. Duckett, M. A. Thompson, B. A. Henry, J. L. Gray, J. O. Harris, J. O. Sanders, J. B. Townsend, W. F. Ashmore, W. R. Dendy, J. N. Land, W. W. Watkins, J. E. Watson, J. M. Holcomb, R. G. Witherspoon, R. F. Diver.

Scientific.

Special Papers: The Annual Address will be delivered by Dr. Richard Cabot, of Boston, Mass., subject to be announced later.
Papers by Invited Guests:

"The Differential Diagnosis of Appendicitis."

Dr. J. M. T. Finney, Baltimore, Md.

Papers by Members of the Association:

"Acute Bowel Obstruction."

A. B. Knowlton, Columbia, S. C.

"Subject Unannounced."

Frank Lander, Chester, S. C.

"Retroperitoneal Abscess: Colon Bacillus Infection."

C. M. Rees, Charleston, S. C.

"Skin Grafting."

Mary R. Baker, Columbia, S. C.

"Subject Unannounced."

Walter Cheyne, Sumter, S. C.

"A New and Effective System of School Hygiene." E. A. Hines, Seneca, S. C.

"Subject Unannounced."

C. W. Kollock, Charleston, S. C.

"Successful Treatment of Catarrhal Deafness with Especial Reference to Conditions in the Fossae Rosenmuller."

J. W. Jervy, Greenville, S. C.

"Adjuvants to Nutrition and Fresh Air in the Treatment of Laryngeal and Pulmonary Tuberculosis."

W. Peyre Porcher, Charleston, S. C.

"Subject Unannounced."

S. W. Pryor, Chester, S. C.

"Some Nervous Manifestations of Gastro Intestinal Auto-Intoxications."

J. C. Sosnowski, Charleston, S. C.

"Do We Pay Enough Attention to Prophylaxis?" W. J. Burdell, Lugoff, S. C.

"Subject Unannounced."

R. S. Cathcart, Charleston, S. C.

"Placenta Praevia."

H. R. Black, Spartanburg, S. C.

"Pathological Significance of Ovarian Cyst."

A. E. Baker, Charleston, S. C.

"Puerperal Eclampsia," Report of Cases.

H. L. Shaw, Fountain Inn, S. C.

"Recent Discoveries in Intestinal Digestion and Disorders."

Filmore Moore, Aiken, S. C.

"Subject Unannounced."

S. C. Baker, Sumter, S. C.

"Infantile Syphilis,"

Wm. P. Cornell, Charleston, S. C.

"Subject Unannounced."

Crown Torrence, Union, S. C.

"Have the recent reported deaths from Diphtheria Antitoxin Injections been satisfactorily explained?"

L. C. Stephens, Greenville, S. C.

"Uncinariasis."

William Weston, Columbia, S. C.

"The Diagnosis and Treatment of Diseases of the Stomach."

W. B. Cox, Chester, S. C.

"Ophthmo—Reaction in Tuberculosis."

E. W. Carpenter, Greenville, S. C.

"Subject Unannounced."

D. M. Crosson, Leesville, S. C.

"Subject Unannounced."

G. R. Dean, Spartanburg, S. C.

"Diagnosis."

S. T. D. Lancaster, Pauline, S. C.

"Locked Bowels."

T. L. Bailey, Clinton, S. C.

"Continued Fevers."

J. J. Watson, Columbia, S. C.

"Broncho-Pneumonia in Children, Symptomatic and Treatment."

J. L. Fennel, Waterloo, S. C.

For further information apply to the Secretary,

Walter, Cheyne, Sumter, S. C.

Sec. S. C. Med. Assn.

Come to the State Association meeting in Anderson, and come prepared to read a paper, or at least to discuss somebody else's paper. This is a plain duty you owe your profession.

Book Reviews

DISEASES OF THE GENITO-URINARY ORGANS AND THE KIDNEY.

By Robert H. Greene, M. D., Professor of Genito-Urinary Surgery at the Fordham University, New York; and Harlow Brooks, M. D., Assistant Professor of Pathology, University and Bellevue Hospital Medical School. Octavo of 536 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

This book indicates very convincingly the tremendous strides which have been made in recent years in genito-urinary work. The chapter on endoscopy, cytoscopy, and catheterization of the uterus, with its accompanying illustrations, is especially interesting and attractive. The authors tell us that they have attempted as far as possible, to incorporate in this book such methods as they personally have found most practical and successful, and all of which they believe may be successfully employed in the hands of any well

equipped practitioner familiar with modern medical and surgical technique. One of the authors being a surgeon and the other a physician, they have worked together for the purpose of a happy blending of the two points of view, and it must be said that the result appears to be very satisfactory.

The busy doctor is the one who knows how to arrange his business to get off to meetings of his Medical Associations.

SUBJECT TREATMENT IN QUIZ COMPENDS.

P. Blakiston's Son & Co., publishers, 1012 Walnut street, Philadelphia.

As a commentary on the growth in subject treatment of "Blakiston's Quiz-Compend Series," the new edition of Surgery, by Dr. Orville Horwitz, affords quite a striking illustration.

The first edition of this work made a book of 132 pages, sparsely illustrated. It contained questions and reference answers and aimed to completely cover, in terse form, surgery as it was known at that time.

The new sixth edition brings the subject fully down to the present date. Though written with equal conciseness, so great has been the advance in surgical knowledge in the interim between the publication of the first and present edition that it has been found impossible to condense the book within less than 334 pages, with 195 illustrations. The price, notwithstanding, has been kept at the original figure, one dollar.

The South Carolina Medical Association will meet in Anderson at 10 a. m., on Wednesday, April 15th. It is your business to be there. Can you afford to miss it?

A TEXT-BOOK OF PRACTICE.

A Text-Book of the Practice of Medicine. By James M. Anders, M. D., Ph.D., LL.D., Professor of the Theory and Practice of Medicine, Medico-Chirurgical College, Philadelphia. Eighth Revised Edition. Octavo of 1317 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth \$5.50 net; Half Morocco, \$7.50 net.

Anders' Practice is a standard work and its value is attested by the fact that the present edition is the eighth. It has been critically revised throughout since the last edition,

which was printed two years ago, and the present volume is brought into accord with the most recent positive knowledge of internal medicine. The author believes in practical methods and bestowing particular attention upon synthetic induction diagnosis, differential diagnosis, and treatment. There can be no question that the work is thorough, and that a great deal of practical information and help is to be gleaned from its pages. The illustrations of the book are very meagre and not especially enlightening; this, however, does not detract from the value of the text. The mechanical work of the volume is not up to the Saunders' standard. The book is printed upon cream colored paper which may be good for the eyes physiologically but not aesthetically. Furthermore, the printing in many places shows through from one side of the page to the other.

Anderson is the place; 10 a. m., April 15th, is the time.

KEEN'S SURGERY.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M. D., LL.D., Hon. F. R. C. S., Eng. and Edin., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume III. Octavo of 1132 pages, with 562 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1908. Per volume: Cloth, \$7.00 net; Half Morocco, \$8.00 net.

Nothing can be added to the words of praise which have been sung for this work throughout the professional world. The work is a classic, magnificently conceived and executed in like manner. The third volume is in every way a fit companion for the two preceding ones. It is freely, handsomely and instructively illustrated. This volume covers the surgery of the head, neck, throat, esophagus, abdominal wall, peritoneum, stomach, liver, spleen, and pancreas, and among the contributors to its contents are: E. Wyllys Andrews, Harvey Cushing, J. C. Da Costa, J. M. T. Finney, Albert Kocher, the two Mayos, Moynihan, and Mayo Robson.

Come to the State Association meeting in Anderson, and come prepared to read a paper, or at least to discuss somebody else's paper. This is a plain duty you owe your profession.

Current Reviews

MATERIA MEDICA AND THERAPEUTICS.

By E. A. Hines, M. D.

Arthritis.

Treupel, in the *Munchener med. Wochenschrift*, Sept. 24, 1907, reports on clinical observations made on 529 patients suffering with various forms of articular rheumatism. Four hundred and seventy-one patients having acute or subacute articular rheumatism were treated with salicylates, by the mouth or intravenously, and with local hyperemia. The sodium salicylate was always at first given internally, and when this failed to be of benefit, after five or six days, it was used intravenously. If it then failed, other salicylic preparations were tried.

Of several salicylic preparations used, none acted much better than sodium salicylate. During the first two days from 4 to 6 grams (1 to 1 1-2 drams) of sodium salicylate were given each twenty-four hours. As soon as there was improvement the quantity was reduced to 3 grams (45 grains) in twenty-four hours, and this amount continued until the temperature was normal and there was no more pain. It seemed to be demonstrated that pure sodium salicylate does no harm to the kidneys.

Besides the above medication, in all of the 471 patients the painful joints were given rest and as much immobilization as possible. The use of cotton bound around the joints and fixation by bandages and cushions also did good by inducing a local hypermia. Hot air and venous stasis proved valuable.

Antistreptococci serum treatment was not encouraging, Treupel believing that the general and local bactericidal treatment is met by salicylic acid.

Treatment of Neuralgias.

In an address on the therapeutics of neuralgia, delivered by Schultze at the last German Congress for Internal Medicine, he stated that he had frequently found hot sand baths effectual in the treatment of sciatica. Bloodless stretching of the nerve frequently cures neuralgia, but he warns that too severe measures are liable to induce paralysis. He has noted the disappearance of the knee jerk after moderate stretching of the crural nerve. In the early stages of sciatica he finds rest the best treatment. The correct principle of

stretching and working the nerve is to commence it only after the first phase, when the pain begins to subside somewhat after prolonged repose, or the pain can be artificially arrested. Injection of alcohol or other substances directly on the nerve causes a kind of medicinal resection of the nerve, but it may entail severe degeneration. It should be used with caution for a llerves not exclusively sensory. Many clinicians have reported brilliant results from these perineural injections. Some used small amounts of solutions of carbolic acid, antipyrin, cocain, eucaïn, etc., or merely air or water. Alexander injects Schleich's solution, and stretches the nerve under its influence. In case the nerve is resected, Schultze advises to plug the foramen with some permanent filling. Dry heat and hot baths are still as ever the main reliance in neuralgia, he said, and intelligently applied may cure without surgical interference.

Delirium Tremens and Sudden Deprivations of Alcohol.

It has often been stated that it is dangerous for the subjects of delirium tremens to be deprived of alcohol suddenly, but the recently published prison statistics of England and Wales confute this. During the year, 212,000 persons were incarcerated, of whom 132 died. In the latter, delirium tremens was certified

as a cause of or a condition at death in only 3 cases. Yet 63,000 persons, of whom one-third were females, were sent to prison for drunkenness. Many other prisoners were of course notorious drinkers. Among the prisoners (suddenly deprived of alcohol) 246 cases of delirium tremens were recorded, of which one-fourth occurred in females. Of these, 4 men and women were certified as insane and sent to an asylum, 159 men and 59 women had recovered, and 16 men and 6 women were discharged at the end of their term. Epileptiform convulsions were rare among alcoholic prisoners.

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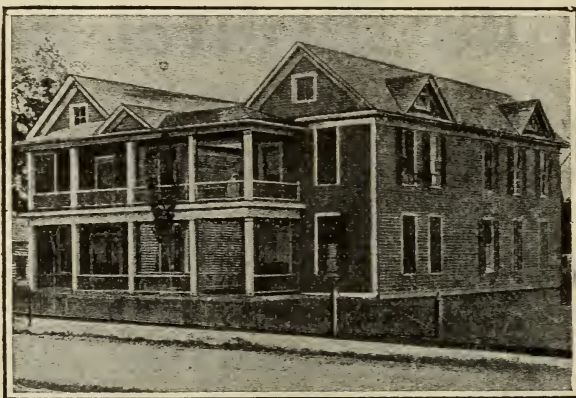
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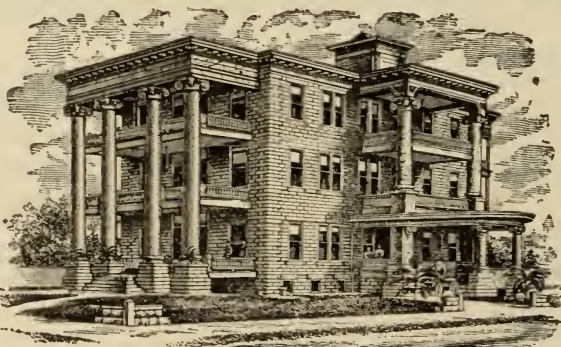
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South Carolina Medical Association

Next Annual Meeting at Anderson, S.C., April 15, 1908.

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District No. 2: Orangeburg, Bamberg, Barnwell, Lexington and Aiken. Councilor, T. G. Croft, M. D., Aiken, S. C.

District No. 3: Edgefield, Saluda, Newberry, Greenwood and Laurens. Councilor, O. B. Mayer, Newberry, S. C., Ch'm of Board.

District No. 4: Anderson, Oconee, Pickens, Greenville, Spartanburg and Union. Councilor, H. R. Black, M. D., Spartanburg, S. C.

District No. 5: Cherokee, York, Chester, Fairfield, Lancaster and Kershaw. Councilor, W. B. Cox, M. D., Chester, S. C.

District No. 6: Chesterfield, Darlington, Florence, Marlboro, Marion and Horry. Councilor, F. H. McLeod, M. D., Florence, S. C.

District No. 7: Richland, Sumter, Clarendon, Williamsburg, Georgetown and Lee. Councilor, S. C. Baker, Sumter, S. C.

Officers.

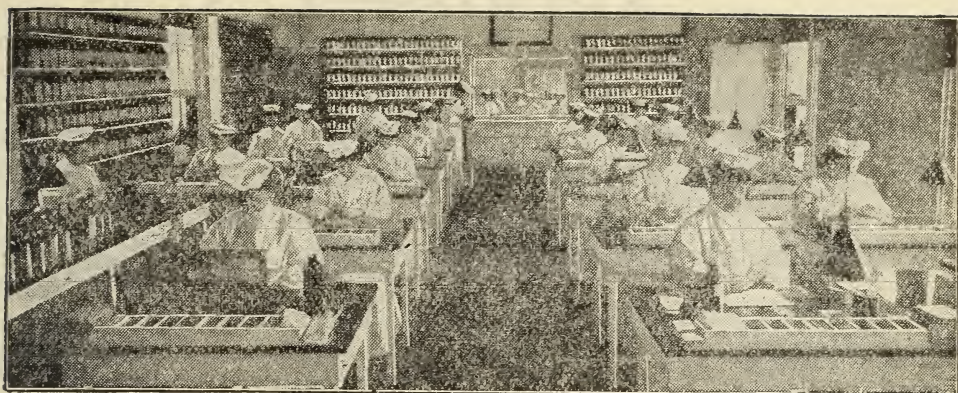
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2nd Vice-Pres., J. A. Hayne, M. D., Greenville

3rd Vice-Pres., Mary R. Baker, M. D., Columbia.
Secretary, Walter Cheyne, M. D.,... Sumter
Treasurer, C. P. Aimar, M. D.,... Charleston

TABLE OF COUNTY SOCIETIES AND OFFICERS.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society.	President.	Secretary	Time of Meeting.
Abbeville.....	J. W. Wideman.....	C. C. Gambrell, Abbeville...	Semi-Monthly, 1st and 3rd Monday.
Anderson.....	W. H. Nardin, Jr....	J. R. Young, Anderson.....	
Aiken.....	H. H. Wyman, Sr. . .	B. F. Wyman, Aiken.....	
Bamberg .....	.....	J. J. Cleckley, Bamberg....
Barnwell.....	L. F. Bonner, Blackville...	Semi-Mo., 1st and 15th.
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal....	
Charleston...	John L. Dawson....	A. J. Jervey, Charleston...	
Cherokee.....	.....	B. L. Allen, Gaffney.....
Chester.....	W. DeK. Wylie . . .	W. B. Cox, Chester	Monthly, 1st Monday
Clarendon...	A. S. Todd.....	C. B. Geiger, Manning....	
Colleton.....	W. A. Kirby.....	L. M. Stokes, Walterboro..	Monthly.
Darlington...	J. F. Watson.....	J. C. Lawson, Darlington...	
Dorchester...	J. P. Mellard	E. W. Simons, Summerville	Monthly, 1st Monday
Edgefield.....	.....	J. G. Edwards, Edgefield...
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro.	Quarterly.
Florence.....	.....	J. G. McMaster, Florence..
Georgetown...	W. M. Gaillard, Georgetown	Monthly, 1st Monday.
Greenville....	J. W. Jervey.....	W. M. Burnett, Greenville..	
Greenwood....	W. P. Barratt	J. B. Hughey, Greenwood..	Monthly, 1st.
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	
Horry.....	H. H. Burroughs...	J. A. Norton, Conway.....	Monthly, 2d Monday.
Kershaw.....	W. J. Dunn	A. W. Burnet, Camden.....	
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	Bi-Monthly, last Monday.
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.	
Lexington....	J. W. Geiger.....	J. J. Wingard, Lexington...	
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork....	
Marlboro....	W. J. Crosland . . .	J. C. Moore, McColl.....	
Newberry....	P. G. Ellisor.....	W. E. Pelham, Jr., Newberry	
Oconee.....	D. L. Smith.....	H. E. Rosser, Westminster .	Monthly, 3rd Tuesday.
Orangeburg...	W. L. Pou.....	L. C. Shecut, Orangeburg...	
Pickens... .	D. B. Gilliland.....	H. E. Russell, Easley.....	Monthly, 2nd Wednesday.
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia..	
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	Every 2nd Monday night.
Spartanburg...	J. L. Jefferies.....	W. G. Sexton, Spartanburg.	
Sumter.....	F. K. Holman, Sumter.....	Monthly, last Friday.
Union.....	S. G. Sarratt, Union.....	
Williamsburg.	
York.....	J. H. Saye.....	E. W. Pressley, Clover.....	



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NOTICE !

At the annual meeting, in April, the Executive Committee of the State Board of Health will elect a State Health Officer to fill the office created by an Act of the last General Assembly. All applications must be sent to the Chairman, Dr. Robert Wilson, Jr., Charleston, not later than April 10th. Applicants must be a physician in good standing.

C. F. WILLIAMS,
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3. A third collection of up-to-date medical works will be given to that Secretary who reports for the year the largest average attendance on regular meetings of the Society in proportion to the total membership of the Society.

4. Still another handsome collection of recent classical medical works will be given to that Secretary who, during the year, outlines the best plan for increasing and maintaining the interest and membership of the County Medical Society. This plan must be gotten up in typewritten form and may be submitted to the Editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal, and shall be confined, if possible, to not more than five hundred words.

The awarding of these prizes will be in the hands of the Board of Councilors of the Association, and the Editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

Through the courtesy of the publishers, Messrs. J. B. Lippincott Company, of Philadelphia, we have already in hand for part of the above prizes, PIERSON'S ANATOMY, and INTERNATIONAL CLINICS, Series XVII. Volumes I to IV. Another prize will be a full set of Modern Clinical Medicine, published by D. Appleton & Co.

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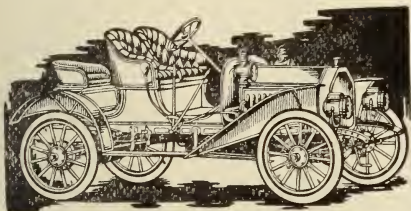
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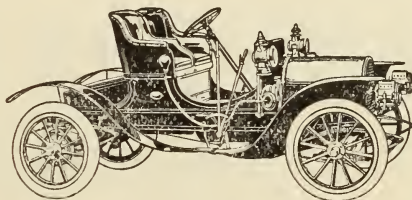
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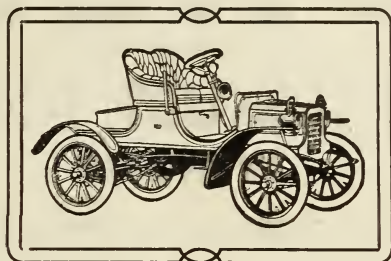
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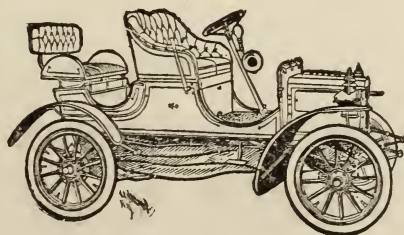
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The Journal OF THE South Carolina Medical Association



Volume IV.

Greenville, S. C., April, 1908

Number 4

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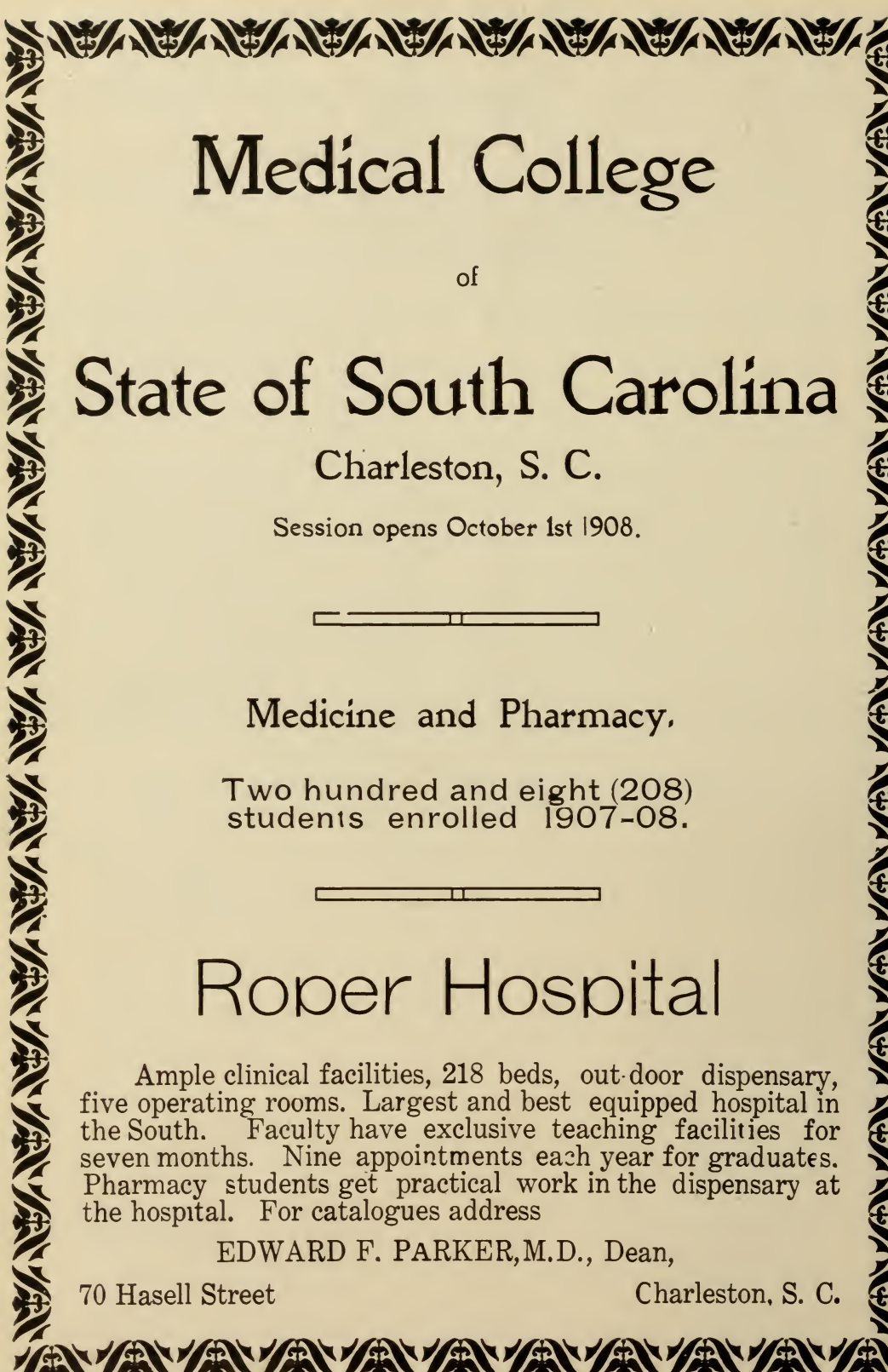
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The Journal of the South Carolina Medical Association

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VOL. IV.

J. W. JERVEY, M. D., EDITOR

No. 4

APRIL, 1908

ANNUAL SUBSCRIPTION, \$2.00

The **Journal** is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession, to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the editor by the 5th of each month.

Proofs of all Original Articles appearing in the Journal are revised and corrected by their authors. The Journal is in no sense responsible for expressions in Original Articles.

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Editorial

THE STATE ASSOCIATION MEETING.

The annual meeting of the South Carolina Medical Association will take place in Anderson, S. C., April 15th, at 10 a. m. The House of Delegates will convene the day before, that is, Tuesday, April 14th, at 2 p. m. It is the duty of every physician who is a member of the Association to be present. Matters of importance to the profession as well as to the public will be freely and fully discussed. A large meeting will certainly be had and there is no doubt that the visitors will be well taken care of by the city of Anderson and its Medical Society. There never was a time when the medical profession was so thoroughly and powerfully organized as at present. It will broaden the mind of any man to be present during the deliberations of this great organization. There is no man too big to be present on this occasion, and there is none so small that he will not add weight to its influence.

No excuse but a real emergency is sufficient to explain any doctor's absence from his Medical Association meeting.

NOTES FROM DR. WALTER CHEYNE, SECRETARY.

I rejoice to announce to the members of the Association that the old burdensome certificate ticket has been abolished. It has taken nearly two years to accomplish this end, but the accomplishment pays for the persistent labors required. Buy a round trip ticket at your home station, to Anderson and return, at the reduced fare. No signatures are required at Anderson.

If the members of the Association who propose going to the A. M. A. meeting at Chicago, June first, will give their names to me I will try to make up a Pullman coach to leave Columbia in time for the meeting, in which all South Carolina members may travel without change to Chicago, at the price of the ordinary day coach fare. No figures can be given until the number of passengers is accurately known. The car with the South Carolina delegation proposes to start from Columbia, S. C.

The House of Delegates will convene in Anderson at 2 p. m., Tuesday, April 14th. The General Session will convene at 10 a. m., Wednesday, April 15th. Be there.

TWENTY-EIGHTH ANNUAL REPORT STATE BOARD OF HEALTH OF SOUTH CAROLINA.

The Executive Committee of the State Board of Health has made its twenty-eighth annual report to the Legislature. This report is for the fiscal year 1907 and is made in the form of a pamphlet of 119 pages, and fully covers the work of the Board for the twelve months. Dr. C. F. Williams, Secretary of the Board, has had a large contract on his hands in getting out this report, and has done his part well. According to the letter of transmittal by the Chairman, Dr. Robert Wilson, Jr., to Governor Ansel, the most important matters considered and acted upon during the year by the Board were the transfer of quarantine to the United States Treasury Department; pure food legislation; regulation of transportation of the dead; the fight against tuberculosis; the necessities of school hygiene; legislation for the creation of a State health officer; and the investigation of the water supply of Clemson and Winthrop Colleges. It has been shown by the Board that a large amount of work has been done by the Committee on Epidemic and Endemic Diseases, and it is largely due to the activity of this committee that smallpox is slowly but surely being eliminated from the State. Valuable work was also done by this committee in assisting to stamp out an epidemic of scarlet fever in the northwestern portion of the State. During the year three epidemics of typhoid fever in different parts of the State were brought to the attention of the Board. These were promptly investigated, the causes determined, the conditions remedied, and the epidemics were stamped out.

The House of Delegates will convene in Anderson at 2 p. m., Tuesday, April 14th. The General Session will convene at 10 a. m., Wednesday, April 15th. Be there.

HOW TO GET A VITAL STATISTICS RECORD.

The effort of the State Board of Health during the past few months to establish a system of vital statistic records has not met with entire success. A conscientious effort has been made to get all physicians in the State to make regular reports to the Board, but for reasons which are readily recognized it has been impossible to get these reports in anything approaching a systematic manner. In our opinion there is but one way to get a satisfactory system of vital statistics records and that is to obtain legislation fixing it as a duty under penalty of fine or other punishment, requiring every physician, clergyman, coroner, undertaker and midwife to make regular systematic returns of all births, deaths, marriages and infectious diseases coming under their notice. When the law is put on the statute books it should be enforced without fear or favor, and the State Board of Health should be given the money and authority to have it enforced.

It is our further opinion, however, that this vital statistics legislation can be, and would be, better effected by the lawyers of the State than by the physicians. It would be largely to the benefit of the Bar to have a complete and authoritative record of vital statistics for the proper adjudication of many questions involving legal ages, actual social conditions, and the determination of cases involving questions of inheritance. It is certain, with the large representation of lawyers in the legislature, that if the Bar Association would recognize the importance of this matter and take it up with the intention of pressing it upon the Legislature for statutory incorporation they would meet with prompt success, and a long step forward would be taken, not only towards the proper adjudication of many legal matters, but also an inestimably firm

foundation would be laid for the further and more successful promotion of the public health.

DOCTORS AND POLITICS.

The following letter, written by Dr. C. S. Bacon, of Chicago, to the Journal A. M. A. should be carefully read by every healthy-minded physician in the United States:

Last year you published the very valuable article from Dr. Charles A. L. Reed, chairman of the Committee on Medical Legislation, on "Medical Legislators of Two Republics." In this article and in other contributions, Dr. Reed has called attention to the lessons of his own experience in matters of legislation. He has learned, as have others, that if physicians want something done in the legislatures, or anywhere else, "they must do it themselves, not send agents who know nothing about what is wanted. When physicians get together and agree on what they want and then move forward in numbers, they generally succeed. A new era has arrived in the history of the profession, one in which strong representative physicians, busy men in large practice, find it consistent with their dignity and profession to take part in practical politics for the good of the profession and the community.

It is evident that Dr. Reed has been practicing what he preaches in the recent campaign for election of the members of the Ohio State Republican Convention.

The Cincinnati Enquirer March 3, in its Columbus despatches relating to the Ohio State Republican Convention, states, among other things:

The physicians of the state were organized by Dr. Charles A. L. Reed of Cincinnati, for the purpose of getting representation in the convention. They have succeeded beyond their expectations and there are the names of 105 physicians on the roster of the great body now in session here.

The published details of the convention show some additional facts of interest. The physicians number one-eighth of the whole convention. They are all representative men. They met in caucus and determined what they wanted in the organization and in the platform. The presidency went to Secretary Garfield, but Dr. Reed was made the first vice-

president of the convention. The committees on rules and on permanent organization, and, most important of all, on resolutions, each contained a strong representation of physicians. The result according to published reports, was the full realization of the object that the physicians had in view, namely, the adoption by the convention of a plank in its platform committing the party to "the organization of all existing national public health agencies into a single national health department."

The movement for a national department of health was begun by the American Medical Association very early in its history and has been agitated since then with more or less zeal by the Association and the profession. This is the first time, however, that a plank favoring the proposed national department of health was ever adopted by a political convention. It is no small cause for congratulation that Dr. Reed and his Ohio colleagues have succeeded in making this beginning.

They, no doubt, appreciate better than any one else that this is only a beginning. The declaration of a platform, to amount to anything, must be ratified at the polls and redeemed in the legislatures and in Congress. To do this means participation in the campaign.¹ It means, furthermore, that physicians must go to the legislature, not as supplicating committees craving a favor, but as members with power to vote. It means that physicians must go in increasing numbers to Congress—to the House and to the Senate. The movement for a national department of health probably never will succeed until the medical profession sends at least some of its strong men like Reed, Welsh and Mayo to champion the cause of public health in the halls of Congress.

The political activity that has been displayed by the physicians of Ohio ought to be taken up in every other state. Declarations in behalf of a movement to unite under one head all of the national agencies of public health ought to be made by every party in every convention in every state, and in every national convention held this year. There are urgent reasons why this should be done. The cause of the proposed department of health is one and a sufficient one. But in addition to this, it is known that within the next eighteen months a prearranged effort will be made to destroy the force of existing medical laws in

several states, but particularly in Ohio, New York, Massachusetts and Illinois. The conspiracy has already been hatched. It behooves the medical profession of all the states to be on guard all the time, but in the four states mentioned it is imperative that the guard be placed directly within the halls of legislation. The physicians of the different states ought to furnish 20 per cent. of the members of every legislation elected this year. If this is done state medical laws will be safe and, with additional representation of the medical profession in the Senate and House of Representatives at Washington, the legislation in public health so necessary will speedily become an assured fact.

The doctors have a duty to perform and we believe they are going to perform it. In the State of South Carolina there should be in the Legislature an average of one doctor from each county. It would be an easy matter, probably, for each county medical society to prevail upon one of its members to run for legislative office, and the consistent and energetic support of the county society membership would, in every case, insure his election. Why not adopt this plan? No greater piece of patriotism could be practiced.

Come to the State Association meeting in Anderson, and come prepared to read a paper, or at least to discuss somebody else's paper. This is a plain duty you owe your profession.

THE OWNERSHIP OF PAPERS READ AT THE MEETING.

Chapter X, Section 2, of the By-laws of the South Carolina Medical Association reads as follows:

"All papers read before the Association or any of the sections shall become its property. Each paper shall be deposited with the secretary when read."

The busy doctor is the one who knows how to arrange his business to get off to meetings of his Medical Associations.

MR. EDWARD L-H-J. BOK.

Mr. Edward Bok, of female journalistic fame, is given another couple of pages in the Journal A. M. A. (March 21st, 1908) to exploit his own importance in a melange of tumid dithyrambics. Edward is undoubtedly an acute sufferer from cephalic elephantiasis. The difference between his cranial end and a bass drum is that his emanation is a high treble, impossible of differentiation from a squeak. He's a dinky little bow, trying to play on the medical profession like a fiddle, but he lacks rosin, and so there is nothing doing. Eddie's forte is females—he's painfully piano in any other line—and he would do better to stick to his last, which curiously enough is his first.

The truth about Edward is that not long ago he let out a scream about the nostrum evil. This was some time after the medical profession had taken the matter up for regulation, but Edward's scream went straight to lovely woman's ears via the Ladies' Home Journal, and everybody who knows anything at all knows the quickest and best way to get anything talked about is to tell the ladies all about it first. After that, the deluge!

Well, that's what Eddie did, and his female megaphone journal readers got busy right away. Unhappily, some myopic medical journals—we might have been one of them; we don't remember now; but we are astigmatic ourselves—took notice and gave the screamer a boost and the glad hand, and welcomed him as an ally in the propaganda against nostrumry.

Jackasses before now have succumbed to the disease known to veterinarians as bighead, a sort of cranial osteomalacia, and it has been observed that it is as fatal to the asinine as to the equine. Anyway, Edward couldn't stand the prosperity of his avalanche of free advertising. He

has rapidly developed, soi disant, into the whole push, and we find him now graciously, but dramatically, vociferously, and withal ludicrously, a self-appointed leader, alternately counseling, berating and threatening the medical profession for permitting pharmaceutical houses to market their products.

Somebody ought to cool up Eddie's face so the gas couldn't escape, and tie a basket under him and take a balloon ride. If he only had a helmet and a casque and a pair of spurs he'd be a regular Joan of Arc of medical reform, wouldn't he? The only difference is that Joan was a real woman, while they do say that Eddie is just a perfect little lady. But we doubt that. Seriously, we do.

As a matter of fact, Edward should confine himself to the discussion of lingerie and lace curtains. From the nature of his business it is reasonable to suppose that he knows a whole lot more about pantalettes than he does about proprietary medicines. If he doesn't, then all we can say is that he knows precious little about pantalettes.

All of which leads us to recite and put down here for the edification and delectation of posterity that noble apostrophe which, born as it is of the cataclysmic vicissitudes of a strenuous age, is destined to become—if, indeed, it has not already become—a classic whose imprint shall mark indelibly the everlasting sands of time:

O, Eddie, heady, Eddie B.,
Confine thy powers to lingerie;
The field divine of females thine;
O, Eddie B! So, 23!

The best men in the medical profession in the State (if there are any best, for they are all good) will be present at the Anderson meeting. Would it not pay you to be there?

PROGRESS IN THE COUNCIL ON PHARMACY.

At its meeting in February, 1908, the Board of Trustees of the American Medical Association was requested by the Council on Pharmacy and Chemistry to appoint a body of clinicians to whom could be referred questions relating to therapeutics. In its communication to the Board the Council stated that in the course of its work the sub-committees had frequently encountered questions, a solution of which required the experience and opinions of clinical therapeutists. The suggestion of the Council was agreed to, and fifteen physicians and surgeons, all in active practice in various parts of the United States were elected as the staff of clinical consultants. This is the wisest and strongest move that has been made in connection with the Council. It will strengthen the confidence of the profession at large as well as the pharmaceutical houses in the findings of the Council, whose efficiency will thereby be greatly increased. Why this step was not taken before by the Board of Trustees we have never been able to determine, and none of them has ever taken us into his or their confidence in regard to the matter. It is undoubtedly true that to many intelligent, high-toned and independent physicians it is distasteful and distinctly objectionable to be dictated to by a committee of pharmacists and chemists as to what drugs or remedies they could or could not ethically prescribe. The appointment of the fifteen eminent practitioners as clinical consultants entirely eliminates this objection, and we believe this action marks a long step forward in the progress of the Council.

The House of Delegates will convene in Anderson at 2 p. m., Tuesday, April 14th. The General Session will convene at 10 a. m., Wednesday, April 15th. Be there.

Editorial Notes

This issue of the Journal is brought out about ten days ahead of time in order to refresh the memory of every member of the association regarding his duty to attend the annual meeting in Anderson. The House of Delegates will meet at 2 p. m. on Tuesday, April 14, in the parlors of the Chiquola hotel. The general sessions will convene at 10 a. m. on Wednesday, April 15, in the Masonic Hall, diagonally across the Square from the hotel. The secretary informs us that the final program is the largest, most varied and interesting that has ever been presented, and it is certain this will be the biggest, best and most enthusiastic meeting ever held in the history of our association. The Journal hopes to shake hands and talk with every member of the State Association at the approaching great convention.

Unless there is some especial reason for doing otherwise we believe every one of us should recognize home talent, and patronize home industry. Most particularly to be encouraged are whatever efforts may be made by individuals or component organizations of our own State Association looking to the betterment of the scientific attainments of the profession. Such an effort is being made now by the well-known physicians and surgeons who compose the staff of the Roper Hospital Polyclinic Medical School of Charleston. In the abundant material furnished by the sick poor of the whole of that city, unrivalled opportunities for clinical work and teaching are presented. We do not think that better clinical facilities for the purposes of the practitioner of this state could be found anywhere.

It is a matter of the utmost importance

that each county society make official and definite inquiry this summer into the attitude of every candidate for political office concerning the problems of State medicine and medical legislation. Having ascertained these things the profession should work as a unit to elect those candidates who are in sympathy with scientific medicine and the requirements of the public health. And it should no less actively oppose those candidates who are prejudiced against these things.

It is with a great deal of pleasure that we are called upon to record the organization of the Chesterfield County Medical Society and its chartering under the constitution of the South Carolina Medical Association. With the number of able and well-known professional men in that great Pee Dee county, we have wondered why they had not organized and affiliated. We are sure the State Association as a whole will give the new county society a very warm and cordial welcome.

The Charlotte Medical Journal and the Carolina Medical Journal have been consolidated. A stock company has been created which will conduct one journal in the future, on a large scale. The journal of the new corporation will be known as the Charlotte Medical Journal, and will retain the same architectural features, business and editorial management of the present Charlotte Medical Journal.

Every county medical society in the State should at once take steps to get the consent of one of its members to run for the legislature in this summer's campaign. Then every member of the society should take off his coat and work for this candidate. His election would be a certainty. In this way, and in this way only, will the physical welfare of the people and the interests of a pure profession be safeguarded.

We are glad, indeed, to note the resuscitation of the Barnwell County Medical Society. Long life to it!

the final program of the Anderson meeting in this issue. Owing to the delay of many members in sending the titles of their papers to the secretary it has been impossible to get the program into shape by the time we had to go to press.

We regret that it is impossible to print

Original Articles

KERATODERMA PALMARIS ET PLANTARIS.*

By ISADORE SCHAYER, M. D.,
Laurens, S. C.

The infrequency of the condition about to be reported is offered as my excuse for taking up your valuable time.

Keratoderma palmaris et plantaris, or, symmetrical keratoderma are synono-

This condition is very rare, and though usually congenital, no history of it in this case's family can be obtained. It may also be acquired.

This is an extreme case, for some of the patches here are almost half an inch in thickness. The condition here has been existing about eight years; first showing itself when this little girl was about three years old; thus excluding it here as an acquired condition. Arsenic taken during a long time is sometimes a cause, but of



mous terms given to rare cases where both the palmar and plantar corneous layers are thickened into symmetrical, diffuse, hard and dense alignments and patches.

In this case the alignments are particularly brought out, as the photographs show them, better than any of the usual text-book information illustrations.

*Read before the Laurens County Medical Society.



course there is no history of that here. Hyperidrosis may have played some part here, as there is a decided history of profuse sweating; but, hyperidrosis in its turn is due to some trophic disturbance, and this last is the very probable true cause.

The histology in this case is simply a hypertrophy and increases in the thickness of the horny layer. The mucous layer is thin, while the papillae are flattened from the pressure. Microscopically, there appears no inflammation of the corium un-

derneath, or of the edges around. and this is the great differential diagnostic point—the total absence of inflammatory reactions. This, with the absence of any signs of ulceration, is sufficient to differentiate it from eczema, syphilis, etc. The prognosis may be inferred if the etiology is kept in mind.

The treatment used here consists of soaking the parts in hot sweet oil, rinsing this off with hot water, then applying a solution of salicylic acid in flexible colloidion, and whenever any of the patches become ashy white in color and crumbly in appearance they are removed. This has already been done here with several plaques, leaving an apparently healthy skin, and with no reappearance to date. Ichthyol, one grain, t. i. d., is given internally.

The House of Delegates will convene in Anderson at 2 p. m., Tuesday, April 14th. The General Session will convene at 10 a. m., Wednesday, April 15th. Be there.

THE DIAGNOSIS AND EARLY TREATMENT OF APPENDICITIS.*

By GEORGE R. DEAN, M. D.,
Spartanburg, S. C.

This thread-bare subject, old and always new, but never yet fully and correctly understood as it should be, nor given the care that its mortality deserves, is the subject of my discourse today. I beg my friends who are present to give me their attention, and forgive me for discussing such an oft-discussed subject, as one is apt to feel that "we know all about it" before I begin to read my paper. But I beg your forbearance, and as I proceed, I am persuaded that you will see that we still have much to learn and much to think of, even if this subject is old and threadbare. You will begin to realize this when I tell you that there are

(Read before the Chester County Medical Society, 1907, and printed by request of the Society).

more deaths daily, now, from this disease than there were twenty years ago. Thus, with all our skill and attainments in advanced twentieth century surgery, men, women, boys, girls, and children are still dying from the touch of this despoiler. No class, no climate, no country, town, city, hamlet, or lonely forest is free from its withering hand. And yet it is not often the fault of the advanced surgeon. He has preached from the housetops; he has urged with all his might and strength for fifteen years, its rational treatment; and has shown statistics that ought to convince the world, without one shadow of doubt or uncertainty, and yet the work of this assassin goes on unabated. One distinguished surgeon, the greatest (possibly) living authority on this subject, told me recently that money could not pay him to go over the battle again that he has fought through to a finish—for almost twenty years—in trying to educate the medical profession in the treatment of this disease. Hence, I feel well justified in trying to entertain and interest this society of earnest workers for a short while today on this subject; and if by so doing I may be the indirect means of saving, through some one of those present, even one poor sufferer who might otherwise have died, I shall be well repaid. Not that I shall bring to you anything new, but that I may hope to fix indelibly on your minds truths that are familiar to you and show them in a different, more intelligible and forcible light than they have heretofore been seen.

This disease seems to be confined almost entirely to the white race. I have seen but one case in the negro, and of this I was not absolutely sure, as neither death nor operation occurred. No community or locality is free from its ravages. The causes of appendicitis are not yet definitely known. There may be many, there may be but one. We do not know them except inferentially. Some of the causes

suggested are our patent flour; our canned foods; our cold storage foods; the effects of grippe; the seeds of fruits; athletics in our schools and colleges; and many other things are proposed as causes for its prevalence. Be this as it may, whether any or all of them are causes for its existence, we know that we have it among us, and for its cause other and more skilled, and more favorably situated investigators must search. We must meet and battle for its cure when once found, and to this point I wish to address myself today. While we may not definitely know these to be causes, yet as these things have been originated within twenty years, as has also appendicitis mostly, it is but fair and reasonable to attribute its cause to some or all of them.

In a suspected attack, as a first step, we must study the diagnosis to learn the manner of onset; the locality of greatest pain and tenderness, and the stage at which we find it. To one who has never seen a case, or who has seen but few, this is no easy matter, yet it can be done usually if attention is paid to a few cardinal points. Many suggest tenderness and pain at McBurny's point as a sure sign-board by which to locate the disease. This, though often true, may be at times untrue. The appendix, as is known to all, is normally free at its distal end, and may be long or short, and this floating end may be the seat of attack. In this case it may be far removed from the McB. point and, when inflammation sets in, it may fasten itself to whatever tissue it may touch, and this will be the tender point. Thus I have found it far above and in the rear of the crest of the ilium. I have found it attached to the transverse colon; to the liver and over on the opposite side of the pelvis, near the sigmoid, and lost in the pelvis, so that as to pain, it may be in almost any part of the abdomen within six or eight inches of the McB. point. But there will be a point of pain somewhere;

this will hardly ever fail you. Deep pressure in some of these localities will answer to symptoms of gall stone; hence, it is often the case with the best operators that the diagnosis is clouded by the possibility of gall stones or appendicitis, both having pains in the same locality.

Still other symptoms will usually guide us to a correct conclusion. Other symptoms that are often connected with the disease, but not always in its early stages, are rigidity of the right rectus muscle, vomiting and constipation, often the first few hours after; sometimes later on, the right side of the abdomen becomes hard and tense. On comparing its tension with the left side this will be recognized at once; this is almost a sure index to the trouble beneath. Vomiting is a variable symptom, but when it occurs there is always danger of sepsis, since it is mostly caused by tension within the appendix. The appendix does not give way readily to distention, and when matter of any kind is filling its lumen with decomposing ferments thus distending and stretching its fibres, vomiting is induced, and this will usually foreshadow absorption and blood poisoning. Constipation comes later in a large number of cases. We must not put too much stress on temperature. It is a false guide in this disease. I have often found profound sepsis with a normal temperature, or so near it that without care one would be misled. Subnormal temperature is indicative of such trouble. The pulse is well worth observing. This will usually give you warning in its tenseness, its quickness, its small wiry touch, or its lack of all that is normal to the practiced finger touch, yet even the pulse cannot always be relied on. Pain may be sharp, continual, or dull, intermittent, or slight; and often none at all unless elicited by pressure; but you will find pain somewhere on deep pressure. Do not expect to find—as one doctor told me he looked for—a “lump” in the side. When

a lump is found in the side you are dealing with a condition that ought never to be found there. Operation should be performed before time is given for a lump to form.

Let me, as one of you who has been over the road longer than most of you, beg you—and you younger gentlemen especially—when called to a case with these or some of these symptoms, do not risk your reputation and patient's life by waiting 'till tomorrow, but call in a surgeon who is prepared to help you out and to save your patient. If you are mistaken, and it is not appendicitis, you are not hurt, but if, on the other hand, you wait one day too long, your patrons will never forgive you, and if your conscience is not seared, you will not forgive yourself.

Let me read just here a few lines from a paper by Dr. Lapthorn Smith, of London. After preparing my paper, on my way here I read this and I so fully indorse it that I wish it to go in as part of my paper.

"The lesson I have learned stands out in big letters: 'OPERATE EARLY.' Some of the cases had so few symptoms that I admit that I hardly felt justified in operating, but they proved on opening the abdomen to have a gangrenous perforated appendix. As in cancer, as in tubal pregnancy, so in appendicitis—the time to operate is when you suspect the disease. Now and then you will be mistaken and remove an appendix which might have remained a few years longer, but on the other hand, if you wait until you are certain, you will operate too late in a great many cases. All my four deaths were due to waiting until the diagnosis could be made more surely; two of the cases with black vomit and high temperature were operated on at farm houses in the early dawn, after an all night journey by rail and wagon, and by the light of a coal oil lamp, and two deaths were due to my unwillingness to operate in the absence of urgent symptoms; and yet, with a temperature and pulse under one hundred, the appendix was perforated. Vomiting, constipation and

rigidity of the right rectus, with tenderness symptoms."

I urge you when you see a case of doubtful character, in and out of season, mild or not mild, take your patient into your confidence and tell him frankly your fears. If they prove to be groundless fears, your patient will have all the more confidence in your honesty and integrity and will love you more than to hold on while he is uneasy about himself. Get right on this subject. "All cases of appendicitis ought to get well." The time is coming, yes, is here now, when the doctor who tries to treat a case of appendicitis medicinally and waits for bad symptoms to show themselves, and the patient dies with or without operation later on, will not be forgiven by his patients or friends in the profession. This is a surgical disease and needs the surgeon's attention just as much as the crushed limb needs him. The mischief is local in its origin, and if attacked locally in its early stages, will get well without a halt or hindrance, when if left to medicine it often causes death. Then why can anyone dare to wait and watch while your enemy is burning your fortress?

The question now turns up, shall we operate on all cases or wait for results in treatment medicinally? I think that matter has been so fully and freely discussed and decided upon by our best surgeons that it is scarcely fair to take up your time in its discussion here, but I will state what I wrote and read before the Southern Surgical and Gynecological Society in Atlanta in 1903. This was accepted and indorsed by Dr. J. B. Murphy, of Chicago, in a paper read by him in 1904, as about as near correct as our information could suggest:

"Out of 100 cases of appendicitis, 100 being operated on in the beginning of the attack, where the surgery has been performed under the proper aseptic rules, 100 will get well. Out of 100 cases of appendicitis where

operations are not done, possibly 75 or 80 will get well; possibly 20 or 25 will die. I said 75 or 80 possibly would get well; I mean by that that 75 or 80 would recover from that attack. In those 75 or 80 there will be a large percentage that will have recurrent attacks, and a large percentage recovering from the first attack will remain more or less crippled if they never have another attack. Reasoning, therefore, from this point of view, if all get well from a simple, slight operation, that does not impair the usefulness of the patient in after life, and, on the other hand, 15 or 20 per cent. will die without operation, and a large percentage of those who do not die are cripples more or less for life, what is there for those to stand upon who oppose early operation under all conditions?"

Now, gentlemen, if this is true, and it is true, what have we as an excuse for trying to treat a case without operation? That some get well thus, no one denies, but how many will be beyond the saving by knife when at last it is seen to be a failure? Can we dare risk the life of a big, fine girl or boy, father or mother, on such flimsy hopes? Can we dare risk a human life by one method when we know of a surer and safer one? Can we doubt and dally on a precipice when a fair road lies right before us? What excuse can we give to our own conscience when, for a little selfishness in us, or the lack of a little courage, we fail to tell our patient his danger, and to urge him to accept operation on the first dawning of an attack of appendicitis? None! None! "No case of appendicitis ought to die." And the doctor whose fault it is to let him die cannot henceforth go free of condemnation. Doctors ought to preach operation, early operation, from the housetops every day, everywhere within the range of their influence. They should educate their clientele so that, like a son of mine, taken in the day and I saw him the next morning, he had diagnosed his own case and, when told of his condition, quietly remarked: "I knew it. With time to write my will, I am ready for you." With patients thus

instructed, no case of appendicitis ought to die.

All of this must at last come through the general practitioner; he is the guard on the watch tower; the advanced picket on the line of his patient's life or death, and it lies in his power to teach, instruct and influence him, so that instead of trying to dodge or avoid the surgeon, he is holding out his hands to reach him, all through the intelligence and honesty and good sense of his beloved family physician. His safe recovery endears his "own good doctor" all the more for his honesty and faithfulness in thus guarding his interest and frankly telling him the truth. I have seen much suffering by good doctors who through the dread of frightening and worrying their patients or friends, let days go by when their loved one could have been saved, only to see it die when too late. "No case of appendicitis ought to die."

We come now to another phase of the subject. We are sometimes called to cases where the disease has progressed far beyond the point of safety even by operation; far beyond the point where we can promise safety in operation. Here is a condition that brings up a subject upon which many good surgeons differ. Some believe in waiting, under certain conditions, for further delay, while the more advanced surgeons—and I am a follower of this class—advocate operation always when first seen by the surgeon, if patient is not moribund. Here is a position which I fear will cause many deaths. For if we were all experts in such cases; were we sufficiently expert to distinguish which case would gain by waiting and which we would lose, then we might advocate such a plan. But we who live far away from great hospitals, where are seen dozens each week, cannot thus fore-know (if anyone can, and I doubt it) how any given case may terminate; or what is the condition within the abdomen. We, therefore,

can only adopt the safe rule to operate on all such cases not moribund, and thus try, if only a chance is left, to save the patient. I do not believe any patient, in good hands, ever dies from operation, *per se*. A patient who dies within a few hours or days after an operation does not die from the operation, but in spite of it. So, in dealing with this subject, we might forget to give the causes of death to the proper source, and blame the operation for doing what the delay in operating caused.

Some doctors claim that by waiting Nature walls off the inflamed area. This may in some cases be true, but in many others, while awaiting Nature's aid, her forces are being overcome and crowded out by the battle, by increase of sepsis, increase of ulceration and, finally, perforation, absorption and septic peritonitis. So, as I stated above, while awaiting Nature's kindly aid, the enemy storms the citadel and our patient lies dead at our feet.

Operate, gentlemen! You of us who undertake this class of work should prepare yourselves to do quick, dextrous work; clean, clear-cut, aseptic work; quick enough to do good work, and "work is soon enough done that is well done." Our record will sometimes suffer by risking severe, desperate cases; but can we hesitate by any consideration of our own reputations? I say, No! I have saved cases that seemed almost utterly hopeless, and lost some that seemed amenable to the knife. We cannot always tell the amount of sepsis already absorbed before operation, but the sooner we operate, the less the risk to the patient.

Now as to operation. In simple, early cases, the point of opening the abdomen should be near the head of the colon; as small an incision as possible, 1 1-2 to 2 1-2 inches; the colon fished up by a finger; the appendix brought out and the meso-appendix tied off close to the colon

with fine silk; on cutting the appendix close up to juncture with colon, two needles should be passed through folds of colon on either side of appendix, so that when appendix is cut close to colon, these with their silk threads can be drawn up, and the end of the appendix being folded within the colon, tied over it other stitches close all this, fold tight against possibility of leakage, and then the ligature, still attached to meso-appendix, drawn up tying it up to the fold in which the end of the appendix is buried and secured there, thus covers all signs of the origin of the appendix. The incision should be closed with through and through stitches with silkworm gut and dressed. In cases of long standing, where pus or old inflammation is to be dealt with, it may be a question where to open the abdomen. In some it is best to accept the median line; in others the point over the most inflamed or distended spot; there each surgeon must decide for himself, but I generally prefer the middle line, where there is a prospect of many adhesions or inflamed parts to deal with. As a usual rule, I like to do a complete operation, but there are cases and conditions where I deem it right to open and drain freely and await a sufficient time to warrant a radical operation, if needed, later on. Here the knowledge and experience of the operator must be his guide, as there can be no ironclad rules laid down to guide him. Where pus and faecal matter infect the cavity, water, plenty of water, gallons of it, normal salt water, should be poured in and the viscera and cavity washed as clean as our shirt fronts, fresh from the laundry, with all septic matter removed; and then good and sufficient gauze drainage, by folded gauze in pelvis on either side, high up and low down. This gives the patient an A1 percentage opportunity for his life, where without there would be little or none.

I think of all the pleasant moments of

a surgeon's life, it is to see a patient, almost in the grave, brought back to life again and see his bright face return without the marks of Death's finger prints thereon. "No case of appendicitis ought to die," if seen in time.

This paper is written for and to the general practitioner, for without his timely alarm call, the surgeon's knife is impotent. I have, therefore, gone well into the first sight of a case of appendicitis and only lightly into the detail of operation. I, therefore, appeal to you, gentlemen of good, loyal old Chester county, to lead the State, the world in the percentage of life saved in appendicitis. It will depend on you, and to you will be the glory.

HEADACHE AS A SYMPTOM.*

By LELAND O. MAULDIN, M. D.,
Greenville, S. C.

Considering the fact that at nearly every medical meeting of this country within the past three years the subject of headache has been discussed in one way or another and that the discussions have been comprehensive enough to embrace every phase of this trouble, I cannot attempt to present any new ideas about this very common complaint, but shall endeavor in my humble way to tell you the result of my experience with headache as a symptom. Often in our efforts to alleviate the suffering caused by this dreadful symptom we neglect to look for the underlying cause with the result that our knowledge of this most important factor in a given case is shrouded with mystery. This should not be true, for it is a well known fact that by ascertaining the cause of any condition or disease that we may be called upon to treat, the application of remedies can be more scientific-

ally determined and will be followed by more fruitful results.

In the consideration of any patient with chronic or recurrent headaches it is our duty to find out as much about the patient as good judgment and propriety will allow. We should know something about the personal and family history; we should know as much as possible of the habits of the patient with reference to diet, alcohol, and tobacco, tea and coffee, bad air, and occupation, and we should endeavor to learn as much as possible about the pain, its location, character, time of occurrence, duration and extent; for by knowing these things we are better enabled to form some definite idea about what are the particular organs and structures to be especially considered in the cause.

Headache is a symptom of many diseases both local and general. It occurs with the onset of a number of the acute infectious diseases. It is a recognized symptom of a neurotic tendency, of constipation, of disorders of the pelvic organs, of poisoning by certain drugs, or toxæmia from various causes, of brain tumors and abscesses, of diseases of the stomach, of bad teeth, of diseases of the ears, of diseases of the nasal accessory sinuses and obstructive conditions in the nose and naso-pharynx, and last, but not least, of eye strain. We could perhaps enumerate many more conditions in which headache occurs as a symptom, but those mentioned are the most numerous and it is of some of these that I wish to speak with special reference at this meeting.

Neurotic tendency: Most cases of chronic headache have a certain amount of a neuropathic diathesis combined with some form of local irritation to the nervous system and the location of the headache is a useful pointer to the source of irritation, though is not to be absolutely relied upon. The more pronounced the neurotic tendency, the less pronounced

need be the source of irritation to cause the headache, hence the reason why a slight error of refraction may cause a headache in one person, while the same error would not affect another person. In most cases when the source or sources of irritation have been corrected or removed the headache ceases.

Disorders of the female generative organs: When the disease is of the body or lining membrane of the uterus the headache is usually vertical; when there is a retrodisplacement of the uterus or a disease of the ovaries, the headache is usually occipital. These particular headaches are usually bilateral and aggravated by walking or standing for a short while. While under this heading I will say that most of the headaches that come only at the time of menstruation are not invariably due to disorders of menstruation, but the neurotic tendency of the female is increased at this particular time and for this reason the constant source of irritation, which may be due to refractive errors, is more perceptible by the nervous system. Hence, headache at this particular time.

Diseases of the stomach: These headaches are most commonly frontal, in the upper part of the forehead, usually bilateral, and relieved by vomiting or washing the undigested food from the stomach.

Bad teeth: A decayed eye-tooth may occasionally act as an irritative member and cause frontal headache. When other molar teeth are the irritators the headaches are usually to one side and directly traceable to the source of irritation.

Toxaemia: Alcohol, tobacco, coffee, bad air, and certain foods when taken in excess, act as a poison and produce headache. These headaches are usually evidenced by a sensation of fullness and tightness in the head, especially the upper part.

Anaemia: While anaemia is practically

self-evident, it is frequently accompanied by a headache which may be considered a symptom. These headaches are usually vertical and give a sensation of either fullness or tightness in the head.

Obstructive conditions of the nose and naso-pharynx: That obstructive conditions in the nose and naso-pharynx, such as septal spurs, polypi, adenoids, malignant growths and foreign bodies cause headache is a well known fact, for by the obstructive and pressure effects of these growths and bodies there is an irritation and subsequent congestion of sufficient degree to cause reflex disturbance in the head which take the form of headache.

Inflammation of the naso-pharynx and nasal accessory sinuses: Headache as a symptom of naso-pharyngeal and nasal accessory sinus diseases dates back to the incipency of rhinology as a specialty. The predominant fact of its great importance as a symptom in these diseases is the result of gradual development following a more perfect knowledge of the anatomy of these parts, made possible by the invention of more efficient instruments for the examination of these cavities. Most cases of acute and chronic rhinitis are accompanied by headaches of a varying degree of intensity. Many of us have painfully realized the intensity of an acute attack, and doubtless a few have more painfully realized the severity of the chronic variety. In inflammation of the maxillary sinus there is usually a unilateral headache. The pain begins in the affected region, extends to the eye on the same side, and finally to the head. In the acute stage of frontal ethmoidal and sphenoidal sinusitis there is usually a severe cold in the head with an unusual amount of pain which first is general and finally becomes localized over the region of the involved sinus; while in the chronic stages of inflammation of these cavities headache is almost a constant symptom.

In cases of catarrh which has been considered incurable, there is frequently associated a condition known as idiopathic headache. Doubtless these headaches have their origin in inflammation of the sphenoidal sinus.

Eye strain: While headache is a product of several factors in many cases, I cannot feel that my duty in reference to this paper shall have been performed until I shall have told you that it has been my experience that about ninety-five per cent. of all cases of persistent headache, not due to the onset of acute infectious diseases, have been relieved when glasses were properly fitted to the eyes. This is an enormous percentage, but this data is compiled from results actually obtained and is backed by even more sweeping assertions made by authorities throughout this and other countries.

The fact that there are thousands of people whose lives are in misery on account of this symptom and who are drug-ging themselves into habits of still more misery in their vain efforts to relieve the headache of which the cause is not known to them, makes it incumbent upon us, as medical advisers, to look deeply into a cause which is instrumental in producing effects that, in many instances, are so blighting to the hopes of the sufferer and so detrimental to his general usefulness as a human being.

From the results obtained by the use of lenses we are safe in concluding that the cause is some form of eye strain. It may be either astigmatism, hypermetropia, myopia, muscular imbalance or a combination of some of these. In either case there is an irritation of the eyes causing a nerve tire which is usually accompanied by a varied symptomatology reflected to the head especially, and to other organs of the body occasionally.

In many instances diseases of the general system which cause headache within themselves exists in patients who also

suffer from effects of eye strain. Much has been done for the relief of these patients by a thorough correction of the refractive error. By the thorough correction of the refraction of an eye I mean the result obtained by a refraction when the accommodation of the ciliary muscle is rendered inactive by the judicious use of a cycloplegic. This is the most satisfactory way to arrive at the mathematical correction of a refractive error and to deduce therefrom the particular lens which is necessary for the most gratifying physiological result.

The pain in eye strain when due to astigmatism is usually frontal; when due to muscular imbalance, it is usually occipital and extends into the muscles of the neck; when due to inflammation of the retina, it is usually deep seated in the eyes and head generally, and when due to hypermetropia or myopia or a combination of either of these with astigmatism or muscular defects, the pain is not confined to any particular location of the head. In any of these troubles, however, the location of the pain should not be used as an invariable guide, but only as a link in the chain of symptoms that enable us to arrive at a given conclusion about the cause of this nervous derangement known as headache.

There is one more point that I wish to emphasize in this connection and it is that practically normal (emmetropic) eyes may be strained from overwork, and headache produced as a result of nerve exhaustion or nerve tire. This is shown by the fact that when the eyes of such patients are given a rest the headache ceases.

The South Carolina Medical Association will meet in Anderson at 10 a. m., on Wednesday, April 15th. It is your business to be there. Can you afford to miss it?

PSEUDOMYXOMA PERITONEI.*

By A. B. KNOWLTON, M. D.,
Columbia, S. C.

The comparative rarity of this affection, pseudomyxoma peritonei, makes it the duty of every medical man to report the cases coming under his observation. Many elaborate papers upon this subject have emanated from British, French and German authors, but up to the present time only five articles by American physicians have appeared. In an extensive research of both foreign and domestic literature recently made by Schumann, only fifty-six cases could be traced. The present article deals with the only one I have seen.

Pseudomyxoma peritonei is the name given to this affection by Werth, in 1884, prior to which time the condition was not understood. The evidence thus far accumulated goes to show that it always has its origin in the rupture of a multilocular ovarian cyst, whose contents upon rupture escape into the general peritoneal cavity, become grafted upon the peritoneum and take on secondary growth. In its relation to the peritoneum, therefore, it is strictly a metastatic implantation which may either take on the form of organization and remain absolutely benign, or it may take on degeneration, become carcinomatous, and prove fatal.

Of the fifty-seven cases recorded, including my case, fifty-six are known to have resulted from a ruptured pseudomucinoid cyst, the origin of only one case being doubtful. This doubtful case was reported by Netzel as follows: "A spinster of 44 had noticed for a year a rapidly growing abdominal tumor, with pain and discomfort. Laparotomy was performed with the removal of large quantities of gelatinous matter, a cure resulting." No

mention is made of this having resulted from an ovarian cyst, but as the patient was a woman and with the history of the case it can almost safely be assumed that it did.

Only a small portion of the peritoneum may become affected with this new growth, or the entire peritoneum may be covered with it. The amount may equal only a few ounces, or it may reach 90 or 100 pounds. It may be only film-like in thickness, or it may coat the peritoneum three inches in depth. It varies considerably in consistency, some portions resembling the white of an egg, some jelly-like, and some almost fibrous. The color may be whitish, yellowish, reddish, bluish or brownish, varying with the degree of organization or degeneration. Both extremes of color and consistency may be found in the same patient—a lack of homogeneousness being its chief macroscopic characteristic.

To be exact, the form of new growth from which this condition arises is a multilocular cyst adenoma of the ovary containing mucin or myxomatous substance. The cyst has always been found to be multilocular in structure. After the rupture the escaped particles become transplanted to the various peritoneal surfaces within the abdominal and pelvic cavities, there to find nourishment and growth, or they may remain loose in the bottom of the pelvic cavity and feed upon free serum.

If the secondary implantation remains quite small, and if it does not take on carcinomatous degeneration, symptoms may not appear. If, however, carcinomatous degeneration occurs, cachexia will appear and the patient will die. Should extensive growth occur (without carcinomatous degeneration) pressure symptoms will make their appearance, a chronic adhesive peritonitis will occur and an extensive ascites will ensue. It is this peritonitis and ascites which so often complicate and obscure the diagnosis.

*Read before the Medical Society of Columbia.

Of the fifty-six cases on record thus far, eighteen proved fatal, giving a mortality of approximately 32 per cent. An interesting feature of the disease is that the patients bear operation very poorly, evidencing great liability to die. This is due to the fact that pseudomucin is an excellent culture medium for pyogenic bacteria, and infection is therefore extremely liable to occur. This disease has been known to occur at as early an age as fifteen years, though it usually occurs after the menopause, the average age being forty-eight years among the cases reported. It is next to impossible to remove all of the growth in any given case, because of which fact recurrence, or rather continued growth, is almost universal. It has therefore been necessary in many cases to operate twice or three times to remove the re-growth, and in a few cases operation has been done as many as four times. Although several operations may be necessary to remove recurrences, this does not necessarily carry with it the inference of malignancy, unless cachexia occurs.

The symptom which generally first attracts attention is abdominal pain due to the chronic peritonitis. The ovarian tumor, on account of its small size, may not be felt, while at the same time, the abdomen may be practically full of metastatic implantations, or on account of the chronic peritonitis there may be evident only a board-like feel of the abdominal wall and considerable pain, or again nothing may be detected prior to the operation but ascites. The condition usually is not diagnosable prior to operation.

The case I beg to report is as follows:

White woman, aged 52 years, and mother of four healthy children. She consulted me in August, 1906, about abdominal pain and distension. She had a complete uterine procidentia which had existed for 15 years but which had given no trouble beyond the usual protrusion which she partially prevented by ordinary means. She also had what appeared to be a large incarcerated right inguinal her-

nia although there had never been any symptoms of strangulation and it was absolutely non-reducible. I beg to emphasize the fact that she did not come to me on account of the procidentia nor on account of the hernia, but on account of the gradual enlargement of the abdomen and general abdominal pain. Operation revealed a small multilocular cyst of the right ovary, which at some time had evidently ruptured, judging from the mucilaginous material found both inside and outside that organ. The peritoneal cavity contained about a gallon of serum and about a double handful of pseudomyxomatous material free in the bottom of the pelvis. The top of the uterus, both tubes and ovaries, the small and large bowels, the anterior abdominal wall, the liver, stomach, spleen, omentum and every thing in the abdominal and pelvic cavities were covered with the same material. Its thickness seemed to vary from about a quarter of an inch to about two inches. The material was thickest about the caecum in consequence of which the appendix appeared about four inches long and about three inches thick. The large inguinal hernia above alluded to proved to be a continuation of this pseudomyxomatous material which followed the right round ligament through the internal ring into the canal of Nuck where it formed an incarcerated tumor the size of a large orange. The canal of Nuck was cleared out and the internal ring closed, the fluid and free material in the abdominopelvic cavity were also removed together with as much of the implanted material as was thought expedient. The ovarian cyst was removed and an ordinary ventro-suspension performed.

It is now nineteen months since the operation. I saw the patient on the street car four weeks ago. She said she felt well and strong, and that there was evidently no re-growth thus far.

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Anderson is the place; 10 a. m., April 15th, is the time.

SEA-BATHERS' EAR.*

By CHARLES W. KOLLOCK, M. D.,
Charleston, S. C.

I have not discovered a new disease nor am I about to describe any unusual pathological conditions, but desire to call your attention to a class of cases that may often be prevented, or readily relieved and cured, in most instances, by prompt and careful treatment, but which if allowed to run on without care, simply because they are not thoroughly understood and appreciated, may not only cause exceeding discomfort and intense pain, but at times very serious complications.

For a number of years I have spent a portion of the summer on Sullivan's Island and have noted that a good percentage of those who bathe in the salt water have trouble with their ears. These troubles are almost invariably due to the water getting into the ears and remaining there long enough to bring about the change which I shall describe. Certain pre-existing conditions in the ears render them more liable to be affected by the salt water.

1st. An accumulation of wax in the external canal, that has not attracted attention, becomes softened by the water, displaced, occupies more space and fills the lumen of the canal. Sudden deafness results for all sounds, except for the person's own voice, which seems confined to the head. Many subjective head noises may accompany this deafness (for external sounds) which are for the most part produced by pressure of the wax against the drum.

2nd. The size of the external canal may be abnormally small or choked at its entrance by hairs, or both, which causes an accumulation of the usual detritus, such as wax, dust, etc. The salt water softens

the mass, decomposition takes place, the walls of the canal and outer surface of the drum become softened, inflammation sets up, which, owing to the confined space, is always accompanied by pain and not infrequently followed by the formation of an abscess in the walls of the canal.

In cases of eczema of the external canal salt water frequently causes violent inflammation and is often followed by a succession of furuncles. These cases are the less serious of those caused by entrance of salt water, because the trouble is usually confined to the external canal, but when a perforation or destruction of the drum membrane has been caused by previous middle ear disease there no longer remains a barrier to prevent the water from entering the middle ear, where it is almost certain to produce a recurrence of the former trouble. Of course, in all inflammations of the middle ear there is danger of involvement of the mastoid cells and the formation of an abscess. It is scarcely necessary to mention to you the serious consequences of such a complication. Ulceration of the tympanum not only destroys the membrane, but the chain of little bones which are so essential to hearing, and may involve the inner ear. It is apparent to all that these cases should receive prompt and energetic treatment, even though the initial involvement may seem trifling.

For the accumulation of wax simple syringing with some warm, non-irritating and sterile solution will usually give prompt relief, but this should not be done carelessly, nor should too much force be used. The walls of the canal may be bruised and abscesses result, or the drum membrane may be ruptured by the force of the stream. A warm solution of bicarbonate of soda is perhaps most satisfactory for this purpose as it is readily obtained and promptly softens the hardest mass. Various preparations have been advised and suggested for this purpose, such as

*Republished complete from the March issue of the Journal, a portion of the article having been accidentally omitted in previous publication.

glycerine, oil, hydrogen dioxide, etc., but none act better than the bicarbonate of soda solution. After the canal has been thoroughly and carefully dried by absorbent cotton it should be lightly dusted with boric acid, for it not infrequently happens that some irritation and perhaps ulceration of the walls of the canal have been caused by the wax. These are points that may and do become infected.

In cases where the epithelial mass has become decomposed, swelling and inflammation occur which render it more difficult to remove the offending mass, especially when the canal is abnormally small and there is a thick growth of hair at the entrance. On account of the swelling and acute pain several days may elapse before the accumulation can be thoroughly removed, and then only by most persistent and careful syringing with the bicarbonate of soda solution. After the canal has been cleansed, inflammation rapidly subsides and hearing quickly improves. In cases where there is considerable pain and swelling great relief may be obtained from incising the walls of the canal and even in performing paracentesis of the drum membrane.

In some cases the trouble seems a genuine myringitis, when a puncture of the membrane gives immediate relief, even though no pus is in the middle ear. Such a case I had last summer. While the membrane may be quickly incised and the pain is but of short duration and not to be compared to that caused by the inflammation, many patients object to the operation.

Pain may be prevented by applying to the drum membrane a pledget of cotton saturated by the following mixture of menthol crystals, cocain hydrochlorate and carbolic acid (pure white) equal parts. To this add a small quantity of adrenalin (1 to 1000). Some advise the hypodermic injection of cocain to the wall

of the canal and while this will relieve the pain of the puncture, the injection causes one equally as severe. The walls of the canal and drum membrane may be painted with solutions of nitrate of silver (gr. X or XV to oz. I) in cases where suppurations seems unlikely or when seen early enough to prevent it.

Furuncles should be promptly opened and the walls of the canal rendered as aseptic as possible by painting with the tincture of iodine or nitrate of silver solutions, for these little abscesses are very prone to recur and to come in numbers.

In all cases of middle ear disease the treatment consists in removing all foreign and offending matter, such as cholesteatomatous masses, drying with absorbent cotton and securing thorough drainage. If there is much discharge, or a considerable collection of decomposing material, thorough and careful syringing is the best method of cleaning, but when the discharge is slight and no foreign material is present the so-called dry treatment is preferable. For obstinate cases, after thoroughly cleansing, a solution of alcohol and bichloride of mercury (1-500 or 1000) in equal parts may be dropped or syringed into the tympanum. This should be allowed to remain several minutes. Solutions of nitrate of silver (5 to 10 or 20 grs. to oz. I) and argyrol or protargol (5, 10, 20, or higher p. e.) may also be employed.

In brief, the treatment is quick removal, thorough drying and drainage. In cases predisposed to trouble, the water should be kept from ears or the person from the water. The water can be kept out of the ear by filling the opening with cotton or wool that is not absorbent, but those who have middle ear disease or perforated drum membranes should not bathe in the salt water, for even though the water may not enter the ears, still, the congestion that may follow may kindle the smouldering fire anew.

County Societies

BARNWELL.

The meeting of the physicians called for March 20th was well attended. Those present were A. B. Patterson, R. B. Kirkland, T. F. Hogg, N. F. Kirkland, Jr., D. K. Briggs, E. L. Patterson, and E. W. Ellis. Dr. A. B. Patterson was nominated for permanent president, but he requested that the nomination be withdrawn, after which Dr. R. C. Kirkland, of Barnwell was elected president; Dr. E. W. Ellis, of Martin, elected vice-president, and Dr. T. F. Hogg, secretary and treasurer.

On motion of Dr. S. R. Hickson the organization was named "The Barnwell County Medical Society." After some discussion upon various minor matters, Dr. A. B. Patterson was chosen to represent the society at the meeting of the State Medical Society, which meets at Anderson. In lieu of reading a paper written upon Tuberculosis, Dr. A. B. Patterson delivered a most interesting and instructive address upon that disease, advancing many new ideas and thoughts, and outlining the importance of informing the people of the dangers of this disease.

Dr. N. F. Kirkland, Jr., then read a very interesting and well written paper on "Syphilis," reciting the many ways by which the disease would make its appearance. The reading of this paper brought out some very interesting discussions from others, including Drs. E. L. Patterson, E. W. Ellis and S. R. Hickson.

CLARENDON.

There was about an average attendance at a meeting of Clarendon Medical Association, held in Manning March 11th. Dr. S. C. Baker, of Sumter, councilor for the Seventh District, attended the meeting and made an interesting talk. The association voted to instruct its delegates to the approaching State Medical Association to vote against the proposition to make the editor of the State Medical Journal ex-officio a member of the council, and also to vote in favor of limiting the eligibility of members of the state board of examiners to not more than two consecutive terms. The association also voted in favor of arranging the several districts into which the state is divided so as to conform geo-

graphically with the established Congressional districts.

A number of matters of interest to the profession were discussed during the meeting the post-graduate work that is set forth in the Journal of the American Medical Association.

CHESTERFIELD.

The Chesterfield Medical Society was organized and received its charter from the State Association, November, 1907. The society is now in good working order and is taking an active interest in all things pertaining to medicine and its organized advantages.

Following are the officers and members of the society: President, Dr. T. E. Lucas, of Chesterfield; secretary, Dr. J. W. McCannless, of Chesterfield; members, Drs. J. M. Rollins, Pageland; B. C. Moore, Pageland; L. E. Bull, H. M. Bonner, Harding and T. E. Wannamaker, Jr., of Cheraw; D. T. Teal and W. J. Perry, of Chesterfield.

LAURENS.

The Laurens County Medical Society held its regular monthly meeting in the parlor of Gray's Hotel, Laurens, March 23rd, and despite the inclement weather the attendance was fairly good, fourteen doctors being present.

The subject "la grippe" was up for discussion and nearly all present took an active part, proving themselves conversant with the most modern methods in the management of this serious ailment.

The election of delegates to represent this county at the annual meeting of the state association at Anderson, S. C., next month, resulted as follows: Delegates, Drs. J. L. Fennel, of Waterloo, and I. Shayer, of this city; alternates, Drs. J. R. Culberson, of Owings, and T. L. W. Bailey, of Clinton.

The doctors of the county are taking more interest in the welfare of the association, and as a result our regular meetings will probably be monthly hereafter, instead of bi-monthly as heretofore.

In the near future we hope to have every regular, licensed physician in the county enrolled as members of the County Medical Association.—Jesse H. League, M. D., Secretary.

News and Miscellany

DRAINAGE AND THE PUBLIC HEALTH.

At a conference held in Washington last week between Secretary Garfield, of the Department of the Interior, and Congressmen interested in the subject of National Aid to Drainage, it was decided that such aid cannot be granted unless the swamp lands requiring drainage are owned by the Government. This is a very narrow view of the question, it seems to us, and would not stand the test of careful inquiry. It is said that Congressman Patterson, of this State, is much disappointed by the outcome of the conference, as he fears that the owners of the swamp lands would not consent to the transfer of their lands so that they might become a charge upon the Nation.

This decision was not expected by those who have given careful study to the drainage question; but it is not a decision that should stand, or could stand, in any broad view of the subject. The point was made by Col. James Cosgrove, of this city, in his able address to the Drainage Convention at Baltimore, that aid for drainage could only be expected from the National Government on the ground of the public health. In the eastern part of the United States there are 77,000,000 acres of wet lands, an area equal to the combined territory of England, Scotland, Ireland and Wales. If divided into farms of forty acres each these lands would provide homes for 1,925,000 families; yet all this immense region is unavailable for human habitation because of its malarial condition, a condition that can only be removed by a policy of systematic drainage. "Is it not a governmental function," asked Colonel Cosgrove, "to remove the cause of disease from the homes of desirable citizens? Is it a wise government which will provide for such citizens that they enjoy their homes free from the ravages of the dreaded malaria? It is, however, objected that the government has no right to improve private property. We agree fully with that proposition, but we maintain that the time has arrived in the progress of this great country of ours when we cannot permit any part of our territory to have a 'death line' surrounding it; the time has arrived when science says to us, 'it is true that the drainage of land will improve its value, but we tell you also it will remove the

cause of disease that affects thousands of your citizens, men, women and children.' As I have said, there is no doubt of this fact that the fearful scourges of malaria may be exterminated by drainage, but the task is too great and the territory affected too big for individual effort."

It is a National question, and if it is to be dealt with effectively it must be dealt with by the Nation. The Government at Washington expends millions of dollars every year for the protection of the public health, to prevent the introduction of diseases into the United States from other countries with which we are in commercial touch, and whenever there is the threat of yellow fever in the Southern States the gold in the treasury is used without stint to stay the advance of the dreadful plague; but right here at home we have an even more destructive plague at our own doors, the control of which, we are told, cannot be attempted by the Government because the lands in which malaria is bred because the lands in which malaria is bred belong to private owners. Yellow fever has had its thousands of victims in this country in a long period of years; malaria has its tens of thousands of victims year after year and every year. It renders uninhabitable and unproductive a vast region of the most fertile lands in the world it saps the vigor of our people, it reduces the productive capacity of those who dwell in the infected areas. Millions have been spent in Cuba under the direction of the Government to improve the sanitary condition of that Island on the ground that the public health of the United States was menaced, and what the Government has done for Cuba, for Panama, for the Philippines, it ought to be willing to do gladly for the swamp lands of the South and West.

The Cosgrove plan is the right plan. Place the plea for National aid to drainage on the ground of the public health of the Nation, and neither Secretary Garfield nor the Congress can argue that the question is beyond the proper reach of the National Government.—News and Courier.

SOME CONCLUSIONS ABOUT BREATHING.

1. All respiration should be nasal.
2. At birth the child's respiration is nasal and not oral.
3. The human being is the only animal that becomes a mouth breather.
4. Nasal breathing will prevent diseases of the respiratory mucosa.

5. Oral breathing will cause diseases of the mucous membranes.

6. Oral breathing becomes a habit or a necessity.

7. If a habit, the fault lies in the brain.

8. In adults the proper mental impulses will correct the habit.

9. In children the habit can be stopped with suggestions or by wearing an anti-mouth breathing device.

10. If oral breathing is a necessity the nose and throat should be freed of all obstructions. Diseased tonsillar tissue in the postnasal space or in the pharynx should be removed. Neoplasms, hypertrophies, exostoses, deviations or anything which interferes with nasal breathing should be removed.

11. Every case of mouth breathing can be improved and most cases can be cured.—G. W. Spohn, in Ind. State Med. Jour.

FLIES.

(Apologies to Gene Field).

See the fly.

It has not always been a fly—it used to be a maggot.

The children of flies are maggots till they get grown, then they are flies.

Maggots live in manure and eat manure to grow up and be flies.

They rather be flies than maggots.

Flies eat manure too.

But they eat a lot of other things that we wouldn't eat.

They eat stuff a man coughs up when he has consumption.

That is what they go to the spittoon for.

Then the fly specks have the germs of consumption in them.

When flies come out of the spittoons they rub their fore-feet together and then rub them on their head. That is the way they wash.

Nice clean flies.

Have one in your coffee?

When you shoo them away from typhoid stools they get on baby's bottle.

Then we wonder how baby got typhoid fever.

Flies are opposed to sewers.

They think it a trick to starve them out.

Then they have to live on such scrapings as they can get—the vomit of drunken men, sores on dogs and horses, and the cold meat in the pantry that is saved for supper.

Flies have one eternal enemy—the housewife.—Pacific Medical Journal.

Correspondence

TO AMERICAN PHYSICIANS INTERESTED IN THE ALCOHOLIC PROBLEM.

To the Editor:—During 1907 over 200 papers, lectures, and pamphlets, were published in Europe and America concerning alcoholism and inebriety from a purely scientific point of view. Many of the authors complained that these papers were practically lost, because they did not reach medical men interested in the subject. The Scientific Federation Bureau organized in Boston two years ago, for the purpose of collecting and disseminating the facts concerning the alcoholic problem, in connection with the International Bureau of Europe, formed for the same purpose, proposes to secure a list of medical men who are interested in the scientific study of the alcoholic problem. This list will be valuable for authors and students who wish to address a special audience of physicians, not only to increase their interests, but to stimulate more exact studies of the subject. Such a list will enable the Bureau to extend its work of accumulating papers and reprints of all that is written, and keep authors and readers familiar with what is being done. All physicians who are interested in the scientific study of the alcoholic problem, and the research work and others who may wish to have their work read by interested persons. As chairman of the board of directors of the Scientific Federation Bureau, I earnestly request all physicians interested in this study to send me not only their own names, but names of other medical men who would care to keep in touch with the new medical literature coming from the press, and to know the latest conclusions in the scientific world concerning this problem.

Address: T. D. Crothers, M. D., Chairman, Hartford, Conn.

FROM THE SECRETARY OF THE BUREAU OF MEDICAL LEGISLATION OF THE AMERICAN MEDICAL ASSOCIATION.

To the Editor: I have just received the March number of your Journal and note the passage of the amendments to your medical practice act. I want to extend congratula-

tions to you and to the medical profession of South Carolina. I am sure that your Journal has contributed in no small degree to the results. Best of all are the evidences as shown in your editorial of better understanding between the organized profession of the State and the members of the Legislature. When the members of our profession have once thoroughly realized, not only their duties, but the possibilities of concerted intelligent action for the enlightenment of members of our law-making bodies there will be little difficulty in securing adequate legislation for the protection of the public. I am glad to see that the amendment has eventually disposed of the osteopathic difficulty, as well as greatly strengthened the position of your medical examining board.

With cordial regards, I am, very truly yours—Frederick R. Green.

The House of Delegates will convene in Anderson at 2 p. m., Tuesday, April 14th. The General Session will convene at 10 a. m., Wednesday, April 15th. Be there.

Book Reviews

MODERN OTOTOLOGY.

The Principles and Practice of Modern Otology. By John F. Barnhill, M. D., Professor of Otology, Laryngology, and Rhinology, Indiana University School of Medicine; and Ernest de W. Wales, B. S., M. D., Associate Professor of Otology, Laryngology and Rhinology, Indiana University School of Medicine. Octavo of 575 pages with 305 original illustrations, many in colors. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, \$5.50 net; half morocco, \$7.00 net.

In the preparation of this work, which is intended for the use of students and practitioners of general medicine, the author tells us that among other things the following objects have been kept plainly in view: To modernize the subject; to correct certain traditional beliefs; to advocate the necessity of prophylaxis or treatment; to emphasize the importance of a thorough examination and diagnosis as a basis for rational treatment; to thoroughly illustrate the text. They have done well, and have given us a work which is in all respects equal, and in many respects, superior to any we have ever seen upon the subject. The book is interesting, complete, and beautifully printed and illustrated, and certainly no one who pretends to do even a

little otological work can afford to be without this volume at his hand.

DISEASES OF THE NOSE AND THROAT.

By D. Braden Kyle, M. D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia. Fourth Edition, thoroughly revised and enlarged. Octavo volume of 725 pages, with 215 illustrations, 28 in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, \$4.00 net; half morocco, \$5.50 net.

Kyle comes to us with his fourth edition, thoroughly revised (of course) with a preface indicating that so many "entirely new articles have been added." With one exception, bronchoscopy, we really do not see why this long list of "new articles" should not have been in any of the former editions, though not necessarily occupying individual chapters. We are ready to say, however, that the present volume is a practical treatise on the diseases of the nose and throat—quite as complete as any we know of, and we can conscientiously recommend it as a most useful volume for the consultation of any one engaged in nose and throat work.

SYPHILIS.

A treatise for practitioners. By Edward L. Keyes, Jr., A. B., M. D., Ph. D., Clinical Professor of Genito-Urinary Surgery, New York Polyclinic Medical School and Hospital; Lecturer on Surgery, Cornell University Medical School; Surgeon to St. Vincent's Hospital. With sixty-nine illustrations in the text and nine plates, seven of which are colored. Pp. 577. New York and London: D. Appleton & Company. 1908.

There is no doubt that the author, with his own large experience and with access to the facts shown by the classified cases from the private office books covering forty years of continuous work by his distinguished father of the same name, is well qualified to speak with abundant authority upon the subject in hand. The author in discussing etiology says that in spite of the fact that the organism has not been cultivated, it seems certain that the cause of syphilis has at last been found, and that we may safely say the spirocheta of Schaudinn is either the cause of syphilis or one phase in the life cycle of some micro-organism which is the cause of syphilis. Regarding the latter Dr. Keys believes that the method of intro-muscular injection of mercury has certainly lessened the severity of the disease and that syphilis during the next forty years will be far less destructive, be-

cause far more intelligently treated than ever before. In regard to the actual treatment the author prefers internal medication or insoluble injections. He leaves the choice with the patient. "If he can and will take a sufficient dose internally, and if this controls relapses adequately, and he waxes fat, let him do so. But if he cannot digest the necessary dose, or if the symptoms incessantly relapse, or if he remains under weight, then some change must be made in the system, and injections for a time at least are useful. Moreover, certain patients prefer injections." The book is of practical interest, and though it contains a few positively dogmatic statements it cannot fail to be of immense practical value to the general practitioner as well as to the syphilologist. The book is handsomely published and well illustrated and is in every way a modern and masterly presentation of the subject.

DISEASES OF WOMEN.

A Work on Diagnosis and Treatment, by Henry Sturgeon Crosson, M. D., Clinical Professor of Gynecology, Washington University; Gynecologist to Washington University Hospital; Associate Gynecologist, St. Louis Mulvaney Hospital; Consulting Gynecologist to Bethesda Hospital, St. Louis Female Hospital; formerly Superintendent of the St. Louis Female Hospital; Fellow of the American Association of Obstetrical and Gynecological Society, Member American Medical Association; Mo. State Medical Association, etc. C. V. Mosby Company.

In this work the author confines himself exclusively to diagnosis and treatment. The lack of knowledge of the exact conditions present in the pelvis and the lack of a clear understanding of the indications governing the selection of treatment best adapted to these conditions, he thinks, are the two "stumbling blocks" to accurate gynecological work. To aid the general practitioner in getting a clearer and more definite conception of these two phases of the subject is the author's task. In presenting the facts he has done so in a concise and systematic way, omitting the vast and confusing mass of unessential details necessary, perhaps, to works for the specialist, but which put too great a load on the memory of those in general practice. In this fact, we think, the book has its chief claim to usefulness. Practically the first half of the book is given to general considerations. Chapter I deals with Physical Examination, its technique, etc.; chapter II with Gynecological Diagnosis; and chapter

III with Gynecological Treatment. The remaining pages are devoted to the various diseases taken up in detail. The seven hundred splendid illustrations add greatly to the practical value of the book. Upon the whole it is a work of real merit, and will be found to contain many practical suggestions of considerable service to any general practitioner.

THE TREATMENT OF FRACTURES.

By Charles L. Scudder, M. D. Surgeon to the Massachusetts General Hospital; Lecturer on Surgery in the Harvard University Medical School. Sixth Edition, thoroughly enlarged and revised. 855 illustrations. Philadelphia and London: W. B. Saunders Company, 1907. Polished Buckram, \$5.50 net; Half Morocco, \$7.00 net.

The fact that it has been necessary to issue six large editions of this work since 1900, is ample proof of its popularity, and of the recognition accorded its author as one of the foremost American authorities in this important branch of surgery. In the present edition the text has been greatly amplified by many additional illustrations and X-ray pictures. Very great stress has been laid on the importance of frequent inspection and redressing of fractures after they have been apparently reduced. New chapters have been devoted to the consideration of obstetrical fractures of the newborn, of fractures of the zygoma, of the malar bone, of the neck of the femur, etc. Attention has been especially directed to unreduced dislocations of the elbow, to acromio-clavicular dislocations, to pathological fractures, to old fractures, and to Volkmann's contracture. In this edition the operative, and the ambulatory treatment of fractures as well as the treatment of ununited fractures is discussed at length. Careful attention is given to the proper methods of preparation and use of plaster of Paris in the treatment of fractures. An important chapter has been added devoted to the treatment of gun-shot fractures of bone. The book ends with a bibliographical reference table recording the more valuable contributions to the subject by contemporaneous writers. Taken altogether, it is difficult to see how any physician who may be called upon to treat fractures or dislocations can afford to be without this masterly work.

The House of Delegates will convene in Anderson at 2 p. m., Tuesday, April 14th. The General Session will convene at 10 a. m., Wednesday, April 15th. Be there.

Progressive Medicine, Vol. 1, March, 1908.

Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 284p ages, with 11 engravings. Per annum in four cloth-bound volumes, \$9.00; in paper binding, \$6.00 carriage paid to any address. Lea & Febiger, Publishers, Philadelphia and New York.

The March issue of *Progressive Medicine* deals with five important practical branches of medicine and surgery. In the chapter on surgery of the head, neck and thorax, Prof. Charles H. Frazier, of the University of Pennsylvania, details the most recent advances in a group of closely related regions constituting about one-half of the body.

There are articles on infectious diseases, acute rheumatism and croupous pneumonia, by Dr. R. B. Preble, of Chicago, and on diseases of children, by Dr. Floyd M. Crandall, of New York. Especially worthy of attention are the sections on chronic typhoid bacilli carriers, on the status lymphaticus, and on infant foods and infant feeding.

The department of Rhinology and Laryngology is thoroughly covered in its latest progress by Prof. D. Braden Kyle, of Philadelphia, and Otology is similarly handled by Dr. Arthur B. Duel, of New York.

The particular value of *Progressive Medicine* to every medical man, whether general practitioner, surgeon or specialist, lies in the fact that the whole practical side of medicine, in its broadest sense, is covered, so far as all advances are concerned, by writers of recognized authority, who present the subject in the form of an original and connected narrative, ready for application.

Current Reviews

PRACTICE OF MEDICINE.

By JOHN L. DAWSON, M. D.

Percussion in the Diagnosis of Respiratory Disease.

R. W. Philip (Edin. Med. Jour., 1907, xxii, 473) says that percussion serves not merely as a determinant of the size of the lung, and of its consistence at a given area—normal, infiltrated, excavated, or otherwise—but

it affords a most valuable physiological test of the functional activity of the organ. For this latter determination Phillip uses a method which he calls "tidal percussion." This consists of the practice of percussion alternately during expiration and full inspiration. For early diagnosis this is especially valuable at the apices; but it is also helpful at the bases and anterior edges. In health the rise in the upper limit of resonance above the clavicles is quite marked during deep inspiration, and all degrees of variation may be found in this rise, depending upon how much the lung is affected; it may be of special value when only one apex is involved, as one then has the normal increase in resonance on the opposite side to compare with. Phillip asserts that by this method differences in the resonance of the extreme apices and bases can be easily determined, and that, especially at the apices, this change in pulmonary resonance should be carefully estimated by carrying our percussion higher above the clavicle than is done with the usual perfunctory percussion, either directly over the clavicle or only one finger's breadth above it. His method is to place the finger horizontally across the apex of the lung. (This is illustrated in the article, as is also the change noted in the size of the apex in different conditions.) During the progress of the disease much information may be obtained in respect to prognosis. Phillips says: "As the disease becomes arrested a considerable increase in degree and extent of resonance during full inspiration is frequently observed. Such a return of the ampler tidal resonance affords one of the most satisfactory indications of improvement. On the other hand, as the disease advances, the amount of tidal percussion is reduced still further."

Multiple Telangiectases.

This condition is the subject of two very interesting papers by Osler, the first of which is on "Multiple Hereditary Telangiectases with Recurring Hemorrhages" (*Quarterly Medical Journal*, 1907, i, 53). The author observes that telangiectases may be seen under the following conditions: (1) On the cheeks, nose, and ears in persons who are exposed to the weather and in heavy drinkers. They may appear in very young persons. They are commonly seen on the skin of the thorax along the line of attachment of the diaphragm. (2) Small pink spots often pin point in size. (3-

Small nodular forms which may be congenital.

(4) The spider form with its interesting association with cirrhosis of the liver. (5) The mat form. (6) The generalized acquired telangiectases (reported below); and lastly, (7) the multiple hereditary form with recurring hemorrhages. Illustrative of this latter group, Osler refers to the history of two brothers who had numerous telangiectases of the skin and mucous membranes (Johns Hopkins Hosp. Bull., xii, 333), and who from childhood had bleeding from the nose and some of the spots. Seven members of their family had been subject to them. In one case at autopsy telangiectases were found in the mucous membranes of the stomach. Another case, reported in detail and illustrated, is that of a doctor, aged fifty-three, who was extremely anemic when first seen and had numerous telangiectases over the face, ears, and lips. He had been a bleeder since his tenth year. There was a family history of bleeding and of the presence in some members of the telangiectases. This patient improved greatly under the use of calcium lactate, 60 grains daily. His coagulation time had been reduced from six to seven minutes to one and a half minutes. In this condition the telangiectases are of three kinds—the pin point, the spider form, which is the commonest, and the nodular variety. These are well seen in the accompanying illustrations. Osler has brought together the history of eight families affected in this same manner, in many of which the disease was serious on account of thesevere and frequent bleedings. Marked anemia and even death have been the outcome.

As regards treatment, the careful application of the cautery at the outset of the disease especially to the stellate veins of the nostrils, may prevent hemorrhages. This, while producing severe hemorrhage in one case, had a beneficial result ultimately, as no severe epistaxis occurred for many months. Calcium lactate seems to help some cases very markedly.

OPHTHALMOLOGY AND OTOTOLOGY.*

By E. F. PARKER, M. D.

Early Differentiation of Tuberculosis by Ocular and Cutaneous Reactions and Other Tests.

Wolff-Eisner reviews the experience to date with these and other differential technics

and experimental research, and the practical conclusions from the findings in disease and in health which he gives in tabulated form. He urges the keeping of careful records of each case, as the findings in thousands of cases should be compared with the ultimate outcome of the cases. He uses a blank form with columns for name, age, stage of the disease (I, II or III); fever, bacilli, conjunctival reaction (day 1, 2, 3, 4); control eye; eventual permanent reaction; repetition of test (same eye, day 1, 2, 3, 4; other eye, day 1, 2, 3, 4) cutaneous reaction (day 1, 2, 3, 4); eventual permanent reaction (? days); repetition (day 1, 2, 3, 4); tuberculin subcutaneously; by effects; postmortem findings or course of the disease. A similar card is made out for the non-tuberculous, only in place of the column "bacilli," the findings in regard to tuberculosis in the family the recorded (P., pater; M. mater; Pr., propinqui). He believes that the conjunctival reaction is more valuable for the clinic than the cutaneous.

Drawbacks and Dangers of Conjunctival Reaction to Tuberculin.

Collin is an ophthalmologist, and he expresses amazement at the heedless way in which tuberculin has been instilled into the eye with nothing to guarantee its harmlessness. He points out that even in the hands of an expert it is difficult to be certain as to the amount of the drug that really reaches the conjunctiva and is absorbed from the instillation is thus liable to vary, the findings in the reaction become unreliable; negative findings may be the result of an insufficient amount of the tuberculin having reached the conjunctiva. A specific reaction can be assumed only when it is certain that the eye has not been rubbed or scratched after the instillation, and that the eye was free from any pre-existing acute or chronic affection, especially a follicular or trachomatous catarrhal condition. The general practitioner is not equipped to decide positively in regard to the absence of all tendency to catarrhal, tuberculous or other pathologic conditions in the eye. A positive response to the test should be judged with caution if the patient has any personal advantage to gain in posing as tuberculous, to obtain a sick benefit or for any other reasons, as rubbing the eye or irritating it with a little salt might easily stimulate the specific action. This alone is sufficient to exclude the ocular reaction from use in

the army and navy. Collin adds that the tendency of the conjunctival reaction to recur when tuberculin is instilled or injected again later, throws a difficulty in the way of later systematic treatment, as the patient would have to reckon with a possible eye affection of unknown duration. In regard to the alleged harmlessness of the ocular reaction he warns that any acute catarrh of the conjunctiva—and this is what the ocular reaction amounts to—entails a number of subjective symptoms and the possibility of ulceration of the cornea. The so-called catarrhal ulcerations are generally at the edge of the cornea and are easily overlooked by an untrained observer, but they may develop into a penetrating ulcer. Even without the sequel of ulceration, every acute conjunctival catarrh should receive treatment by a specialist to prevent the condition becoming chronic. He has had opportunity to examine the eyes of thirty persons who had had tuberculin instilled. Among them he found five cases of such severe conjunctivitis, that, as an ophthalmologist, he feels constrained to warn that this measure must no longer be recommended as harmless, especially in the hands of the general practitioner.—Abs. Jour. A. M. A.

Otitic Meningitis.

Arnold Knapp, New York (Archives of Oology, Vol. xxxvi., No. 4) says that recently it has been shown that uncomplicated otitic meningitis occurs as often after acute as after chronic purulent otitis. The meninges are first infected, in nearly three-fourths of the cases, in the posterior cranial fossa and in

slightly over one-fourth of the cases in the middle cranial fossa.

Heine suggests the classification of purulent meningitis into encapsulated, acute progressive and general. No single symptom is characteristic. Kernig's sign is perhaps the most constant. Lumbar puncture is a great aid. Ten cases were reported as cured by elimination of the primary focus and by repeated lumbar puncture.—Abs. Ann. Otol-ogy.

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House of Delegates Convenes April 14, at 2 p. m.

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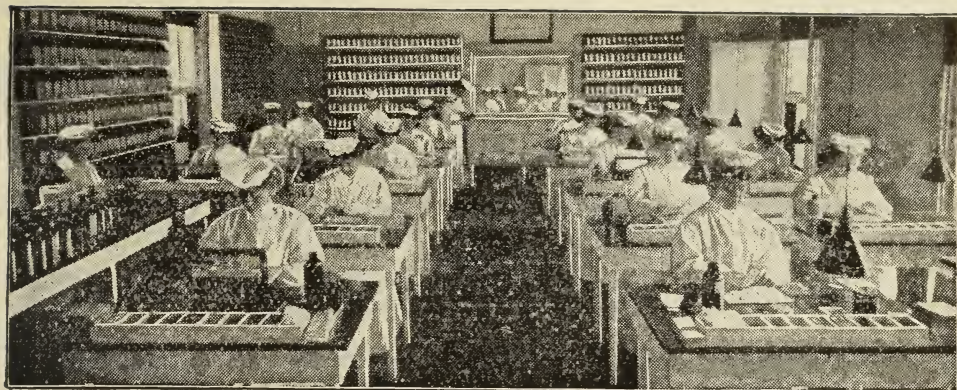
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TABLE OF COUNTY SOCIETIES AND OFFICERS.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society.	President.	Secretary	Time of Meeting.
Abbeville.....	J. W. Wideman.....	C. C. Gambrell, Abbeville...	Semi-Monthly, 1st and 3rd Monday.
Anderson.....	W. H. Nardin, Jr.....	J. R. Young, Anderson.....	
Aiken.....	H. H. Wyman, Sr. . .	B. F. Wyman, Aiken.....	
Bamberg .....	.....	J. J. Cleckley, Bamberg....
Barnwell.....	L. F. Bonner, Blackville...	Semi-Mo., 1st and 15th.
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal....	
Charleston...	John L. Dawson....	A. J. Jervy, Charleston...	
Cherokee.....	.....	B. L. Allen, Gaffney.....
Chester.....	W. DeK. Wylie . . .	W. B. Cox, Chester	Monthly, 1st Monday
Clarendon.....	A. S. Todd.....	C. B. Geiger, Manning.....	
Chesterfield...	T. E. Lucas.....	J. W. McCanless, Chesterfiel	
Colleton.....	W. A. Kirby.....	L. M. Stokes, Walterboro...	
Darlington...	J. F. Watson.....	J. C. Lawson, Darlington...	Monthly, 1st Monday
Dorchester...	J. P. Mellard	E. W. Simons, Summerville..	
Edgefield.....	.....	J. G. Edwards, Edgefield..
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro.	
Florence.....	A. G. Eaddy.....	W. E. Mills, Timmonsville..	Quarterly.
Georgetown...	.....	W. M. Gaillard, Georgetown
Greenville...	J. W. Jervy.....	W. M. Burnett, Greenville...	
Greenwood....	W. P. Barratt	J. B. Hughey, Greenwood..	
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	Monthly, 1st Monday.
Horry.....	H. H. Burroughs...	J. A. Norton, Conway.....	
Kershaw.....	W. J. Dunn.....	A. W. Burnet, Camden.....	
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.	Bi-Monthly, last Monday.
Lexington.....	J. W. Geiger.....	J. J. Wingard, Lexington...	
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork.....	
Marlboro... .	W. J. Crosland . . .	J. C. Moore, McColl.....	
Newberry.....	P. G. Ellisor.....	W. E. Pelham, Jr., Newberry	Monthly, 3rd Tuesday.
Oconee.....	D. L. Smith.....	H. E. Rosser, Westminster .	
Orangeburg...	W. L. Pou.....	L. C. Shecut, Orangeburg...	
Pickens... .	D. B. Gilliland.....	H. E. Russell, Easley.....	
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia...	Monthly, 2nd Wednesday.
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	
Spartanburg...	J. L. Jefferies.....	W. G. Sexton, Spartanburg...	
Sumter.....	.....	F. K. Holman, Sumter.....
Union.....	S. G. Sarratt, Union.....	Every 2nd Monday night.
Williamsburg..	
York.....	J. H. Saye.....	E. W. Pressley, Clover.....	
			Monthly, last Friday.
			Bi-Monthly.



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There are perhaps 300 eligible doctors in South Carolina who are not yet members of their County Societies. Every single one of them should be **SYSTEMATICALLY** and **REPEATEDLY** solicited by the Secretary of the Society in the county in which he lives. **NOT ONE OUT OF TWENTY** of them will refuse to join if properly approached and kept reminded of the advantages of the organization.

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1. One collection of these valuable books will be given to the County Medical Society Secretaries in this State who can report, for the fiscal year 1908 (that is from January 1, to December 31, 1908) the largest percentage of increase in his County Society membership.

2. Another medical collection will be given to that Secretary who reports the largest actual net gain in membership for his County Society during the year.

3. A third collection of up-to-date medical works will be given to that Secretary who reports for the year the largest average attendance on regular meetings of the Society in proportion to the total membership of the Society.

4. Still another handsome collection of recent classical medical works will be given to that Secretary who, during the year, outlines the best plan for increasing and maintaining the interest and membership of the County Medical Society. This plan must be gotten up in typewritten form and may be submitted to the Editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal, and shall be confined, if possible, to not more than five hundred words.

The awarding of these prizes will be in the hands of the Board of Councilors of the Association, and the Editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

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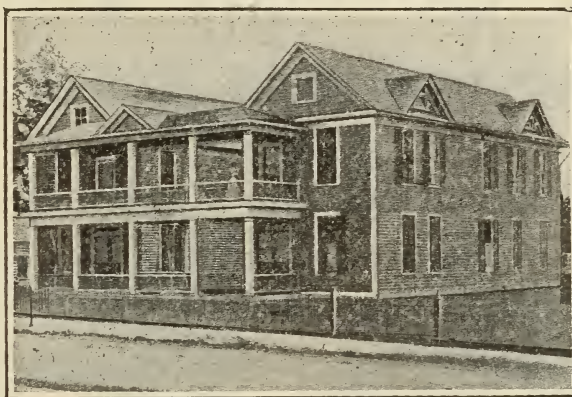
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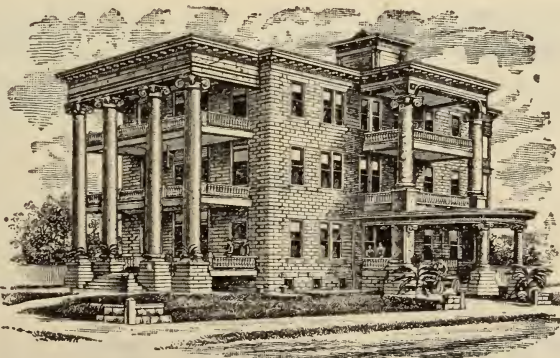
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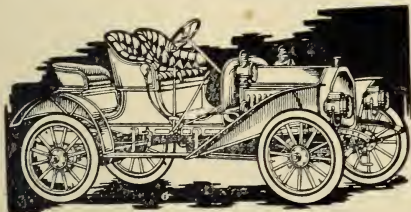
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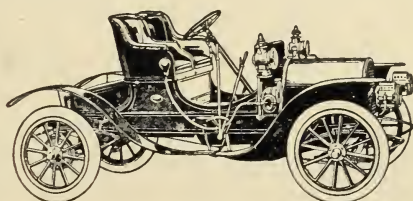
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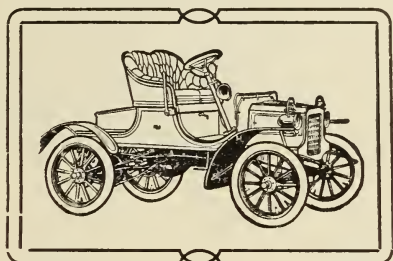
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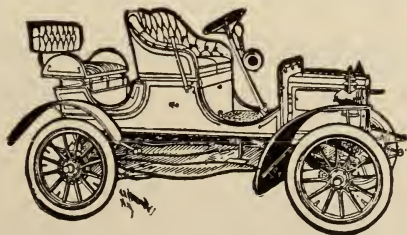
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THIS ISSUE CONTAINS THE MINUTES OF THE HOUSE OF DELEGATES, ANDERSON MEETING, AND THE ASSOCIATION MEMBERSHIP LIST. PRESERVE FOR FUTURE REFERENCE.

0'c/

The Journal

OF THE

South Carolina Medical Association



Volume IV. Greenville, S. C., May, 1908 Number 5

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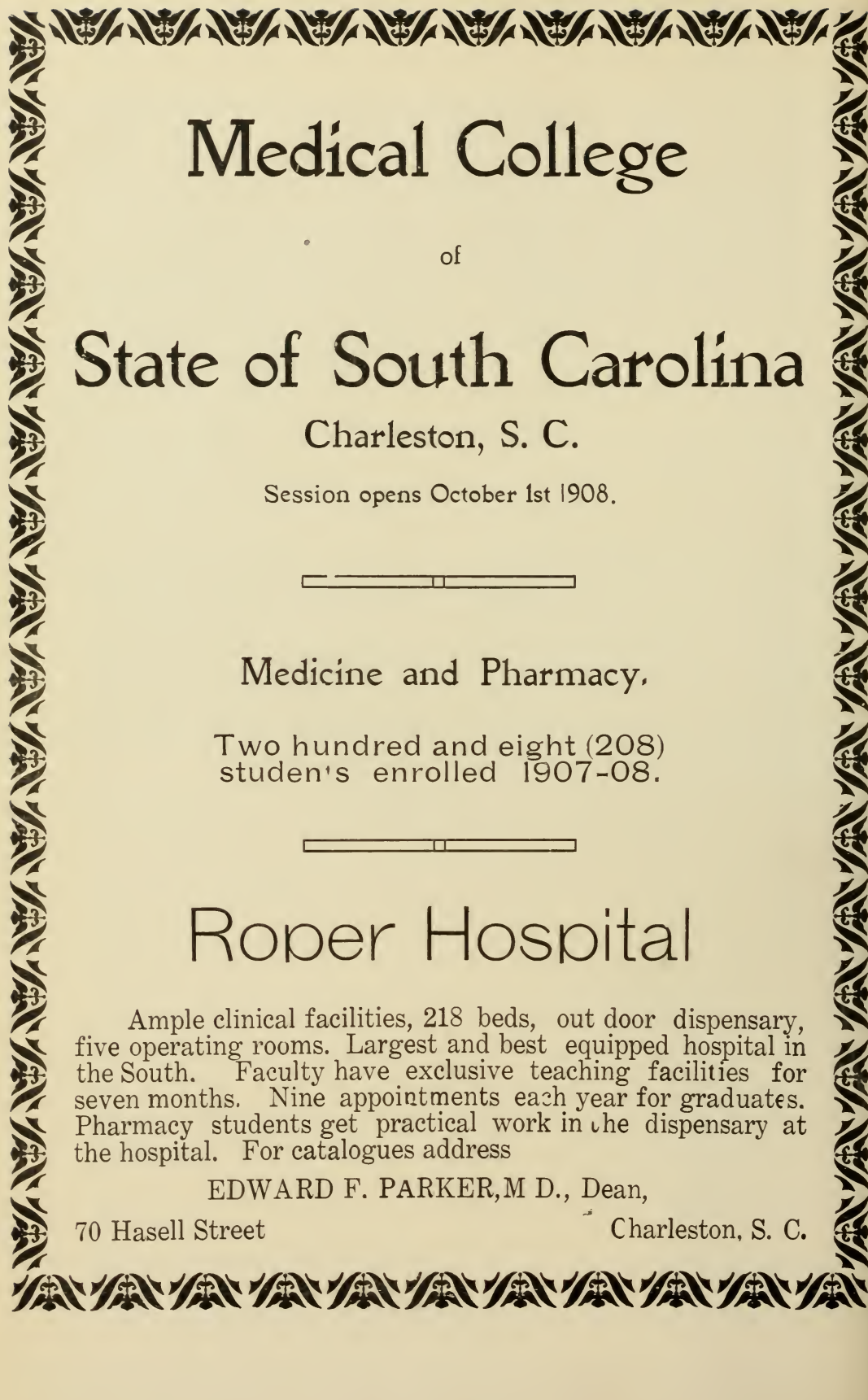
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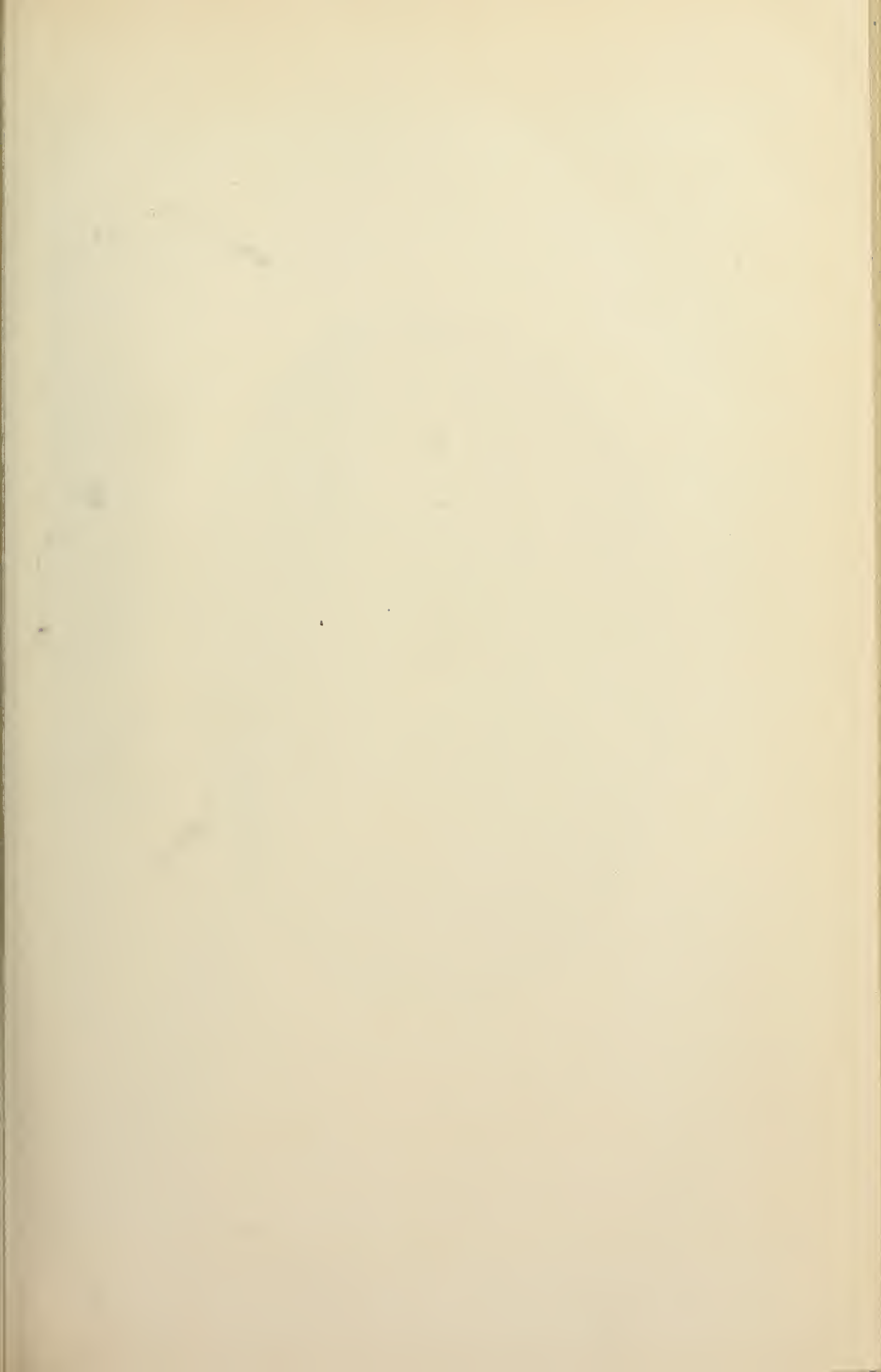
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The Journal of the South Carolina Medical Association

Published Every Month Under the Direction of the Board of Councilors

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VOL. IV.

J. W. JERVEY, M. D., EDITOR

No. 5

MAY, 1908

ANNUAL SUBSCRIPTION, \$2.00

The **Journal** is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession, to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the editor by the 5th of each month.

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Editorial

THE ANDERSON MEETING.

The sixtieth annual session of the South Carolina Medical Association held in Anderson, April 15—17, 1908, was unquestionably the most successful meeting, from every point of view, in the history of the Association. The program, under the able and painstaking supervision of the scientific committee, was the largest and most varied which has ever been presented. So large, indeed, was the number of papers to be read that it was early seen that the program would not be finished in the allotted time. The House of Delegates, therefore, wisely adopted for future use the plan of dividing the scientific session into two sections, one medical and one surgical, and this will be the rule hereafter at our annual meetings.

The features of the scientific sessions were, naturally enough, the addresses by our invited guests, Dr. Richard C. Cabot, of Boston (called by the venerable Dr. Abraham Jacobi, in an address before the New York State Association, a few months

ago, "Richard, the Lion Hearted") on Psychotherapeutics, and Dr. J. M. T. Finney, of Johns Hopkins University, on the Differential Diagnosis of Appendicitis. Both of these addresses were masterpieces and were enjoyed to the utmost by a large concourse of members and guests filling the spacious Court House in Anderson to its capacity. Both of these gentlemen were subsequently elected honorary members of our Association.

Another important and timely feature was the annual address of the president, Dr. Guerry, who chose as his theme "The Great Black Plague," and dwelt with emphasis upon the importance of concerted efforts for the prevention of the spread of venereal diseases, and the importance of the proper enlightenment and education of children. As a result of his appeal a movement has been launched with this purpose in view and great good will eventually be accomplished.

Several of the papers on the regular program were of especial interest and a

few were of the character that showed the progressive spirit of their authors in keeping abreast of modern procedures and even pioneering to some extent in the field of original research. To sort these articles out for special mention, however, would be to make invidious distinctions, and that as you know, dear doctor, is not one of the functions of the Journal.

In the House of Delegates many important matters were discussed and acted upon, most of them wisely, of course, but some of them, as subsequent events have already shown, somewhat unwisely. It is apparent that the House of Delegates transacts its business upon rather elastic principles, and that it does not abide closely enough to the Constitution and By-laws of the Association. There is no virtue in such instruments if they are not to be accorded unswerving authority for guidance. If the constitution is inadequate then it should be reconstructed. If it is not inadequate then its mandates should be observed with strict fidelity, it matters not whose toes are tread upon. This is only business common sense, and the House of Delegates is a business body.

This uncertainty of action was shown in several instances during the recent session of the House of Delegates, and especially so when the question arose as to the rights of delegates and alternates in cases where alternates were seated in the absence of delegates at the opening session, the delegates later appearing; also, in those cases where delegates had been in attendance during the opening sessions, but had returned home before the close, leaving their alternates to claim seats; and yet again in those cases where delegates or alternates appeared and claimed seats without the presentation of creden-

tials. In the latter case of course, as one member said, "we are all honorable men and these gentlemen would not misrepresent their claims," and this is undoubtedly true, but these gentlemen, with the best intentions in the world, might possibly have misunderstood their own positions in their county societies and might really not be intended for delegates at all.

While this may be unlikely, yet the fact remains that the Association as a whole is entitled to have its business transacted on business principles, and it is hoped that hereafter there will be no letting down of the bars or suspension of the rules in this important particular. It might perhaps be a valuable lesson if one or two shoes are made to pinch upon occasion, and thereafter the officers of county societies and of the State Association itself will be more careful in the transaction of official business.

The Anderson County Society and the good people of Anderson acquitted themselves most gracefully in the discharge of their hospitable duties. We have heard nothing but praise for the manner in which the Association was entertained, and the Anderson meeting as a whole will live long in the hearts of those of our members who were fortunate enough to be present as one of the happiest and most successful meetings that has ever assembled.

DR. BAKER AND THE BOARD OF MEDICAL EXAMINERS.

For a number of years Dr. Mary R. Baker, of Columbia, has been a faithful and consistent medical organization worker, and for a good part of this time she has rendered valuable service to her state as

well as her profession as assistant secretary of the State Board of Medical Examiners. Her ability and zeal are well known to members of the South Carolina Medical Association. It was with deep pleasure and gratification that Association members noted the well-won recognition which the House of Delegates at the Anderson meeting vouchsafed to Dr. Baker when that body elected her for appointment by the Governor on the State Board of Medical Examiners, vice Dr. W. M. Lester, who was put on the executive committee of the State Board of Health. Sharing heartily in these sentiments we can only regret sincerely that it is our duty to recognize Dr. Baker's ineligibility for the position to which she has been elected. This is in accordance with an authoritative legal interpretation of the statutes and constitution of the State. The members of the Board of Medical Examiners are officers of the State, commissioned by the Governor, and, as such, are constitutionally required to be qualified electors before they can be eligible for appointment. Unhappily, Dr. Baker is not, and cannot be a qualified elector. We deem it necessary that this fact should be pointed out, since an illegally constituted board might be the cause of great confusion and complications in case the legality of a license to practice medicine were questioned, or in the case of a disgruntled rejected applicant for license. Steps should be taken at once by the proper authorities to relieve the situation. Dr. Lester cannot continue to serve on the Board of Examiners if he qualifies as a member of the Board of Health (executive committee), since the latter also is an officer of the State, and the constitution of South Carolina forbids the simultaneous holding of two offices of honor or profit by the same individual.

Later: Since writing the above, the Secretary informs us that Dr. Baker has withdrawn her name from consideration for appointment on the Board of Examiners. We gather from the daily papers that Dr. Lester will not qualify for the Board of Health until after the coming meeting of the examiners, at which he will officiate, as heretofore. This will obviate the difficulty as the vacancy on the examining board can then be filled next April by the State Association, which will be prior to the next annual meeting of the examiners.

OUR NEW PRESIDENT.

Dr. S. C. Baker, of Sumter, who was elected at the recent meeting in Anderson as President of the South Carolina Medical Association, and whose portrait appears as the frontispiece of this issue, is a man of more than ordinary qualifications. A short sketch of his life and antecedents will be of interest as showing that his recognition as a leader was not due to a mere throw of chance, but is the natural fructification of merit and ability.

Dr. Baker was born on December 15th, 1866, in Sumter County, and is therefore in his forty-second year. His father was Dr. Charles Richard Furman Baker, a grandson of the Rev. Richard Furman, D. D., of Revolutionary fame, and progenitor of the Furman family of South Carolina. Dr. Baker's father was a classmate and close personal friend of J. Marion Sims, both at the South Carolina College and the Medical College of the State of South Carolina, and Dr. Sims speaks of him in his autobiography.

Our president was prepared for college in the country schools of Sumter County, and entered Davidson College, N. C., in 1882, whence he graduated with the degree of A. B. in 1886. He immediately en-

tered, with the first set of pupils, Dr. Paul B. Barringer's preparatory medical school at Davidson, studying with him during the summer of 1886. In September of the same year he took charge of the Ridgeway High School, at Ridgeway, S. C., and taught one year, again entering Dr. Barringer's school the following summer. and in October, 1887, entered the Medical Department of the University of Virginia, whence he graduated in 1888 with the degree of M. D., and a special diploma in theoretical chemistry from Dr. J. W. Mallett.

Soon after graduation Dr. Baker began practice in Sumter, in association with Dr. J. J. Bossard, of revered memory, and with whom he continued for thirteen years—until the latter's retirement. He has continued in practice in Sumter ever since, and has at various times, and for varying periods, attended the New York Post-Graduate Medical School, and the clinics of the hospitals of Baltimore, Philadelphia, New York, Chicago, Louisville, Nashville, and other places.

In 1894 Dr. Baker established the Baker infirmary, which has since grown into the Sumter hospital, of which institution he is president. He has devoted more especial attention to surgery during the past fourteen years, but has never entirely given up general practice.

Dr. Baker has always been a strong organization man, and in 1890 he was instrumental, in company with Dr. J. A. Wood, in organizing the Sumter County Medical Association, and has served several terms as its secretary and its president. He has been a member of the South Carolina Medical Association for fifteen years, and of the A. M. A. for seven years, and is also a member of the Tri-State Medical Association of the Carolinas and Virginia. He has served on the State

Board of Medical Examiners for ten years and was its secretary for six years, and was relieved of his position as examiner when elected on the Board of Councilors last year. He has been a member of the Board of Health of Sumter for thirteen years, and has several times served as its president.

THE DEAN OF THE MEDICAL COLLEGE.

To the deep regret of the board of trustees and the faculty of the Medical College of the State of South Carolina, and a host of friends and former pupils, Dr. E. F. Parker has resigned the deanship of the College. He will continue to occupy his chair in the faculty, but has found the business detail demanded of the deanship required too much additional time and labor. The News and Courier has this to say of his resignation:

The increase in the roll of students of the Medical College of South Carolina during the two years of the deanship of Dr. Edward F. Parker is a high testimonial to the ability and sound discretion with which he has administered the affairs of an institution to which the people of South Carolina owe a debt of gratitude not less than those which they owe to other colleges that have enjoyed assistance either from the State or from the churches incomparably greater. The "Medical College" has had to win on its own merits, its high standard of usefulness has been maintained only through self-sacrificing labors of physicians and surgeons in Charleston, and this standard has been steadily raised during the administration of the retiring dean. No college in the country has done more for the public good in proportion to its resources than this historic institution here in Charleston; it has held its own with others that have never lacked money simply because the medical fraternity of Charleston is and has been in zeal, aspiration and industry, one that would have reflected renown on a community five times as rich and populous as Charleston. That is the literal truth.

That is certainly the literal truth, and Dr. Parker may well be proudly gratified that he has won and carries with him the love, respect and admiration of those with whom he has come into contact. There is no physician in the state who is held in

greater personal and professional regard, and his loss is keenly felt.

But the sun sets to rise again, and the College is heartily to be felicitated upon having found without undue delay a man eminently qualified by culture, intellect, deep learning and penetrative judgment to perform the arduous and delicately complicated duties of dean. We take the following from the Charleston correspondence of the Columbia State:

Dr. Allard Memminger, senior member of the faculty of the Medical College of South Carolina has been elected dean of the institution, finally consenting to serve the institution in this capacity, after having been repeatedly asked to take the office. Dr. Memminger succeeds Dr. Edward F. Parker, who has had a most successful administration of three years and who has been forced to resign on account of the work of the office conflicting with his private practice too seriously. Dr. Memminger is peculiarly well qualified for the position and it is certain that the interests of the college will be cared for under his administration.

Editorial Notes

Do not fail to attend the A. M. A. meeting in Chicago, June 2d, if you can. These meetings are the greatest scientific sessions in the world, and each one is an inspiration and a living delight.

The Charleston and Dorchester Medical Societies have already appointed committees to work together for a grand pulling off of the State Association meeting in Summerville next year. This live and enthusiastic spirit is splendid, and every one can look forward to a glorious session in the Pinelands.

Owing to the large amount of space taken up in this issue by the minutes of the House of Delegates at the Anderson meeting, it has been necessary to leave out some of our regular departments, and to

curtail others. The minutes of the scientific sessions, which are much less voluminous, will appear in the June issue.

The editor of the Journal will be absent in Europe from the first of June until about the middle of August. The June and July issues have already been partly provided for, and their immediate supervision will be kindly undertaken by Dr. C. B. Earle, of Greenville, who is too well known to the profession of the state to need any introduction.

After the April issue of the Journal of the Kansas Medical Society, the place of publication will be changed from Columbus to Kansas City, and Dr. James W. May will have charge as editor. The present editor found it impossible for him to continue in charge of the Journal, owing to other demands on his time, and so notified the council. At a meeting of the council held in Kansas City March 18, 1908 Dr. May was elected editor and will assume control of the Journal May 1.

We are in receipt of the following communication from a high official of the South Carolina Medical Association:

“Please send toa copy of the May issue of the Journal. He representsand I have urged him to advertise with us. ‘No advertise, no prescribe, See! He will take it up with his house.’”

If every member of the Association would take the same kind of interest in the Journal we would soon have every reputable house doing business in this state represented in our advertising columns. Our present advertisers make as good products as anybody on earth, and it is only the decent duty of our members, other things being equal, to patronize them to the exclusion of all others. Don't

forget this—Decency and Duty demand that our members support those advertisers who appreciate and use the advertising pages of our Journal.

It appears that a number of Association members are under the impression that two dollars out of the three dollars per capita membership fee of the State Association, are turned over to the Journal for running expenses. This is a mistake. No regular fund is turned over to the Journal from the treasury, but its expenses are paid from its advertising income, and

when this runs short, the actual deficit, whatever it is, is paid out of the treasury by special order of the Council. We make this statement because, as we have said before, there are some members who are under a misapprehension, and these naturally have thought that a two dollar per capita fund ought to be all sufficient for the Journal. It would be, but it seems that if such a fund were turned over to the Journal the remaining one dollar per capita would not be sufficient for the other general expenses of the Association. Therefore we shall continue as we have begun.

Original Articles

"THE GREAT BLACK PLAGUE."

By LeGRAND GUERRY, M. D.,
Columbia, S. C.

I am not unmindful of the great honor, gentlemen, that you have conferred on me in that you have elected me to the highest office in your gift. To be one among those who have been presidents of the South Carolina Medical Association is a justly proud distinction. I am truly conscious of my failure to measure up to the high standard that has been set by my predecessors, but I will ask that you be charitable enough, in the contemplation of my endeavors, to take the will for the deed. For the confidence which election to the office of your president bespeaks I am deeply grateful, and from the bottom of my heart I thank you. I must also ask your pardon for the remarks which are to follow, departing as they do from the style of a strictly conventional address. We will

have nothing to say about the machinery of this organization, but will discuss, briefly, some of our most pressing obligations as a body of medical men.

It is generally conceded, nowadays, that medicine is one of the two or three most important departments of human knowledge. Its greatest advance, its greatest glory and its greatest unselfishness is nowhere so vividly illustrated as in the prevention of disease. We hear much, these days, about the "Great White Plague," and rightly so; but my friends, how about the "Great Black Plague," the social evil, which, perhaps, more even than tuberculosis is a scourge among our homes? Our profession knows full well that to carry on this war we have to fight not only microbes, but what is worse, corrupt social conditions. Says Prince A. Morrow: "This class of disease has been aptly designated as the 'Great Black Plague,' working in darkness and disguise; protected by their privacy, their shame and their se-

*President's Address delivered at the Annual Meeting of the S. C. Med. Asso. at Anderson, April 15-17, 1908.

crecy they infect, unseen, the social body. Without the pale of public interest or sympathy, unfettered by any semblance of sanitary control, they have been practically abandoned to their own evolution. Their neglect has been considered the reproach, and their prevention the despair of sanitary science. It is eminently fitting that women should interest themselves in this movement for the prophylaxis of social disease. It is upon women that the burden of shame and suffering, or disease and death, is chiefly laid—not so much, perhaps, upon that unfortunate class who are regarded as the chief agents in the propagation of these diseases, but upon pure women, who do not always find, even in the sanctuary of marriage, a safeguard against the diseases of the women of the streets.”

Let us examine, very hurriedly, some of the recent statistics on this subject. European authorities tell us that 75 per cent. of their adult male population have blenorrhoea, and that 10 to 18 per cent. contract syphilis. According to Dr. Morrow, (from whose splendid article on this subject I freely draw) 60 per cent. of the male population of our country are infected with one or the other of these maladies. One competent observer says that 90 per cent. of all cases of locomotor ataxia are due to syphilis. From 25 to 39 per cent. of all insane people in the institutions for the insane in France die as a result of venereal disease. Figures from the leading gynecological clinics prove that 80 per cent. of all cases of pelvic inflammatory disease are due to blenorrhoea, and 50 per cent. of all operations on the female generative organs are the result of the same infection. Fifty per cent. of women who are infected are rendered permanently sterile. Again, 80 per cent. of all cases of ophthalmia of the new-born are the result

of this same infection, and at least 20 per cent. of all cases of blindness have a like origin. Are not these figures heart rending? Do they not make us stand aghast? And yet they represent the unexaggerated truth! To mention a concrete instance: Only the other day a splendid young woman, married six years, and with one child, had both tubes removed for a most extensive double pyo-salpinx, the result of an infection shortly after marriage.

Gentlemen, a woman has exactly the same right to expect chastity in her husband as the husband has to expect chastity in his wife, and it is a fearful commentary on our social system that conditions exist as they do. This principle we believe to be so fundamental that we will state it in another way. No man has the right, morally, if he be married, to immediately lay his wife liable to even the possibility of venereal contamination; and we go farther than this and say that no man has the right, morally, if he be unmarried, to make possible such contamination in the pure woman, who may at some future date become his wife.

Look at it straight in the face, and then ask ourselves this question: Who pays the price?

We do not mean to usurp the province of the moralists and preachers, but we should be their chief allies. We should teach moral prophylaxis and hygiene. It should be a part of the curricula of our schools, public and private, male and female, white and black. Sex is the most important fact in life, and yet what do we find—preachers, doctors, teachers, fathers and mothers banded together, a company of silence!

This is a sad condition, my friends. We teach Latin, we teach Greek, we teach English and music, and yet what part of

our time do we spend in instruction in the physiology of sex, the very ground work of our biologic existence? "The ideal of a good education, to which most parents cling, is one which entirely ignores the existence of sex, that most important fact of life. All thinking men must recognize that the development of the sex function is intimately associated with the physical, mental and moral growth of the individual. Sex is the physical basis of love, of the family sentiment, even of the existence and prosperity of society. The object of education is to fit the individual for complete living, which includes not only self-preservation but self-perpetuation."

Permit me to ask a few pertinent questions. How many helpless, and innocent, and pure women each year in our State are rendered sterile or ruined in health by the scourges of this malady? Many of these victims, mark you, are amongst our very best women. How many cases of ophthalmia in the new-born every year, the direct result of this same disease? And we have seen that 80 per cent. of ophthalmia is due to this infection. How many syphilitic infants appear every year, 60 per cent. of which are still-born? Our system of keeping vital statistics in this state is so deplorable that there is no way to answer these questions definitely, but the presumption is just that our average will be up to the usual standard.

How many young boys in this state today are passing from boyhood to manhood and are all in worse than Stygian darkness on the all-important essentials of moral and sexual hygiene, of clean living and clean thinking? I use the phrase "worse than Stygian darkness" advisedly, because they do learn; but how, my friends, do they learn and where? Who are their teachers? The answer is so plain that "he who runs may read." This edu-

cation should be begun very early in the boy's life, in the formative period, before his expanding mind begins to pry into the mystery of sex. The high purpose of this education is to teach young men how to live according to the laws of a healthy nature, by letting them know what these laws are. It aims to promote clean living by cultivating a right attitude of mind towards the passions and appetites. Its essential object is to promote continence as the surest prophylactic against venereal infection. We should unlearn that immoral fallacy that every man has the right to indulge his sexual propensities as he pleases, and that such indulgence is essential to health. "The public cannot be expected to seek deliverance from a hidden danger, the gravity of which it is utterly incapable of measuring, and the reality of which it scarcely suspects."

There, gentlemen, is where the Medical Association of South Carolina has a tremendous moral obligation, and one which it cannot escape. The doctors of this state represent practically every family in this state, and for this reason we are the natural heirs to the great undertaking of educating the young men, and families for that matter, in the matter of hygiene and the physiology of sex. Osler says that "physicians should be the apostles of continence." We need, in South Carolina, a society headed and backed up by the State Medical Association, similar to the 'American Society of Sanitary and Moral Prophylaxis.' This matter, then, I would recommend to the earnest consideration of the House of Delegates.

I reiterate and re-affirm, that the social evil is a greater scourge than is the 'Great White Plague.' We will have to enlist in our cause all the agencies in our community and state that stand for the elevation and uplifting of humanity, whether

professional or not. The work is hard because the foe that we fight works under the mask of secrecy and shame.

Much has been done in the matter of tuberculosis by education of the public and systematic effort; the same is true of the cancer problem, which is still the reproach of the profession; and much, also, can be done in regard to the social evil, the greatest menace of them all. But, my friends, it is a labor of love, a labor of self-sacrifice; a labor in which we give more than we receive; a labor for humanity, and a labor for our fellow men; a labor, in some small part, at least, where we should strive to emulate the example of the Great Physician.

STATE BOARD OF HEALTH REPORT.

Annual Report of Executive Committee of the State Board of Health to the South Carolina Medical Association, by Robt. Wilson, Jr., M. D., Chairman.

Mr. President and Members of the House of Delegates South Carolina Medical Association:

The Executive Committee of the State Board of Health respectfully presents the following twenty eighth annual report: On May 2, '07, the newly elected Board met at Columbia and after receiving their commissions from the Governor organized with Dr. Robert Wilson, Jr., of Charleston, as Chairman, and Dr. C. F. Williams, of Columbia, Secretary.

By acts of the General Assembly three important duties had been imposed upon the Board, viz: the transfer of the quarantine property of the state to the government of the United States after due appraisal, and to fix the amount of compensation; the analysis of food stuffs and drugs under the pure food law, which was to go into effect on Aug. 20th, 1907; and

the examination of all public water supplies.

Quarantine Transfer.

The matter of the transfer of the quarantine property was taken up immediately with Surgeon General Wyman, of the U. S. Public Health and Marine-Hospital Service, but no reply was received to my letters informing him that we were ready to proceed under the terms of the Act. At the last session of the General Assembly another act was passed in which the transfer was made directly without requiring compensation, so the matter was taken out of our hands.

Pure Food and Water Supplies.

In order to carry out the provisions of the pure food act and the water supplies act, the Board appointed Dr. F. L. Parker, Jr., of Charleston, analyst and chemist. The examination of water supplies was begun at once and has been carried on steadily. It was impossible, however, to enter upon the analysis of food stuffs and drugs inasmuch as the appropriation committee failed to provide for the money required by the act. This oversight was corrected at the last session of the General Assembly and Dr. Parker is now engaged upon this work. A preliminary report of what he has done up to the present time is appended. The board made a strong effort to induce the General Assembly to increase the amount of the appropriation as the sum of \$1,000 was considered wholly inadequate for the purpose of carrying out the provisions of the Act, save in the most meagre way, but without success. We trust that the members of the Association will use their influence with their respective legislators to have the amount increased next year, and also to have provisions made for giving publicity to the reports of the analyses, which we believe

would be the surest method of making the law effective.

Epidemics.

We have had no general epidemic to deal with. The secretary reports that small-pox has disappeared as a widely extended epidemic, existing now endemically in only a few localities. These occasional cases, however, continue to warn us against relaxing our vigilance in the slightest degree. The enforcement of vaccination should be unrelenting, as by it alone can we prevent the spark from being fanned into a fresh blaze.

An outbreak of scarlet fever in certain of the factory towns of the Piedmont counties claimed our attention in the fall. This epidemic had gained considerable headway before we assumed charge. In the rural districts, writes Dr. G. L. Martin, a special agent of the State Board of Health, the people took their children with scarlet fever to Sunday school, preaching, picnics and public gatherings, and in this way the epidemic was wide spread before the State Board took matters in its hands. The parents did not seem to realize the gravity of the disease. Dr. Martin worked hard, devoting most of his efforts to disinfecting infected homes, and finally succeeded in checking the progress of the disease.

A limited outbreak of typhoid fever occurred at Blaney involving seventeen individuals with a mortality of about 17 1-2 per cent. Dr. Burdell, who investigated this outbreak, succeeded in tracing the infection to a well which had been used by all patients.

Two other local outbreaks of typhoid fever at Sharon, Abbeville county, and at the Hospital for the Insane, Columbia, were investigated by Dr. Gambrell and Dr. Williams, respectively. The outbreaks at Blaney and at Sharon illustrate very

clearly and forcibly that ignorance is the chief obstacle in the way of sanitary progress, and that sanitary instruction is an essential prerequisite to the enforcement of sanitary regulation. It was the realization of this truth which prompted the Board to issue a circular letter to all county societies of the state to give a series of public lectures for the purpose of teaching the laity the fundamental facts and principles of sanitary science. We have been gratified to note that several counties have taken up this work with zeal, and we earnestly trust that others will follow their example.

Vital Statistics.

Especial attention should be called to the efforts which the secretary is making to obtain accurate statistics. It needs but little thought to convince us that this is a far reaching question affecting vitally the interests of the state at large, and its consideration is a demand of our citizenship which cannot be lightly set aside. We ask most earnestly that the members of the profession give this matter more thought than they have heretofore, and by filling out and returning promptly the monthly report blanks give us their co-operation and assistance in the work we are trying to do.

State Health Officer.

After several years of fruitless effort to secure the appointment of a State Health Officer, we are glad to report that at last we have been successful, the General Assembly at the recent session having passed an Act providing for the appointment by the Governor upon recommendation of the Executive Committee of the State Board of Health, of such an official. This unquestionably will largely increase our ability to handle outbreaks of infectious diseases, and extend the field of our usefulness.

The Discovery of Pellagra.

In December Dr. J. W. Babcock in a full and convincing report directed our attention to the existence in South Carolina of Pellagra, a disease which until recently was supposed to occur only in certain countries of Europe. This investigation was made by Dr. Babcock and his staff, and their conclusions reached independently of similar studies made in other southern states. The work so thoroughly and ably performed redounds greatly to the credit of medicine in our state.

The Fight Against Tuberculosis.

In conclusion we once more call attention to the great question of tuberculosis. The fight against this disease is occupying more and more the thought and energies of the medical profession in all parts of the world. We in South Carolina have done practically nothing to carry on the war of suppression so actively waged in other quarters. The State Board of Health suggests that some steps be taken looking toward the organization of a State Anti-Tuberculosis Association which shall work along the lines laid down by the National Association for the Study and Prevention of Tuberculosis. Next fall the International Congress of Tuberculosis will meet in Washington, D. C. The members of this Association should see to it that South Carolina has a full representation, and does her share in contributing to its success.

Respectfully submitted,

Robert Wilson, Jr., M. D., Chairman,
Executive Committee, State Board of Health.

Professional Live Wires: Dr. F. Julian Carroll, of Summerville, and Dr. W. C. Black, of Greenville, have been elected delegates from their respective districts to the National Democratic Convention in Denver this summer.

RECENT EXPERIMENTS IN THE TREATMENT OF FRACTURED PATELLA.*

By Theodore Maddox, M. D.,
Union, S. C.

In the colleges and literature of to-day we are advised to use silver wire in repairing fractures of the patella. This instruction was followed faithfully until October 24, 1904, when I was called to see a patient, Lawrence Y., who had crawled beneath a linter gin. On close examination I discovered that both patellae were severed, with one of them cut in two places. The surrounding tissues were badly lacerated, and in the left knee joint the intervening cartilage was at least half torn away.

I had the patient removed to his home immediately. On arrival there I had him anaesthetized and began work at once. I cleaned the parts and placed everything in readiness for the operation except the silver wire. I looked through my emergency bag, but nowhere could it be found. Cat gut was the only suture material at hand, so necessity forced me to use this.

Much to my surprise I had excellent results, and during the years following the operation I have made frequent inquiries regarding his condition, and have always received the same answer, "Everything alright, doctor."

Inasmuch as his work is laborious and the permanent results of silver wire so uncertain, I began an investigation, and endeavored to ascertain how it was that such good results were obtained in this case. After long and careful consideration I have arrived at the following conclusions, viz:

1. That gut, either plain or chromi-

*Read at the meeting of the Tri-State Med. Soc. of the Carolinas and Virginia, at Charlotte, N. C., Feb. 18, 19, 1908.

cized, is the best suture material for operations on bone tissues.

2. That the gut is absorbed in from ten to twenty days, in either case giving the bone ample time to reunite and become self-sustaining with the assistance of a suitable splint. This splint should, of course, hold the limb perfectly straight, and should be left in situ for at least the usual time, if not a longer period.

3. That there is no permanent foreign body left within the bone substance to produce degeneration by irritation.

4. That if the bone is reunited within 10 to 20 days sufficiently to hold itself there can be no sound theory for leaving sutures in situ for a longer period.

5. That all of us know that a reunited bone is as strong, if not stronger, at point of union.

6. That I have observed many refractures of the patella, and other bony tissue, where silver wire sutures were used and have always noted the same dead appearance of the bone.

Minutes of the House of Delegates

Sixtieth Annual Meeting of the South Carolina Medical Association.

(Held at Anderson, S. C., April 14th to 17th, 1908).

The House of Delegates was called to order by President LeGrand Guerry, M. D., at 2 p. m., Tuesday, April 14th, in the County Court House, at Anderson, S. C. Walter Cheyne, M. D., secretary, and C. P. Aimar, M. D., treasurer, were present, and the following delegates were enrolled upon the adoption of the committee on credentials duly appointed.

Abbeville.

Delegate: C. C. Gambrell, Abbeville.
Alternate: G. A. Neuffer, Abbeville.

Anderson.

Delegate: R. L. Sanders, Anderson.
Alternate: S. W. Page, Anderson.

Aiken.

Delegates: Fillmore Moore, Aiken;
E. L. Patterson, Aiken.
Alternate: H. Hastings Wyman, Jr.

Barnwell.

Delegate: A. B. Patterson, Barnwell.

Beaufort.

Delegate: S. B. Thompson.

Charleston.

Delegates: T. P. Whaley, Charleston;
Chas. M. Rees, Charleston; J. C. Sosnowski, Charleston.

Chester.

Delegate: Frank Lander, Chester.

Clarendon.

Delegate: W. H. Woods, Turbeville.

Colleton.

Delegate: W. A. Kirby, Cottageville.
Alternate: J. T. Taylor, Adams Run.

Darlington.

Delegate: A. T. Baird, Darlington.
Alternate: J. L. Powe, Hartsville.

Dorchester.

Delegate: Jno. B. Johnston, St. George.

Edgefield.

Delegatet: W. D. Ouzts, Elmwood.

Fairfield.

Delegate: E. C. Jeter, Rian.

Florence.

Delegate: C. A. Foster, Timmons ville.

Greenville.

Delegates: C. B. Earle, Greenville; Davis Furman, Greenville; H. L. Shaw, Fountain Inn.

Greenwood.

Delegate: W. T. Jones, Jones P. O.

Kershaw.

Delegate: W. J. Burdell, Lugoff.

Laurens.

Delegates: T. L. W. Bailey, Clinton; W. D. Ferguson, Laurens.

Lexington.

Delegate: W. Price Timmerrman, Batesburg.

Marion.

Delegate: A. M. Brailsford, Marion.

Marlboro.

Delegate: Chas. R. May, Bennettsville.

Newberry.

Delegate: C. T. Wyche, Newberry.

Orangeburg.

Delegate: D. D. Salley, Orangeburg.

Pickens.

Delegate: W. A. Tripp, Easley R. F. D.

Richland.

Delegates: A. Earle Boozer, Columbia;
Wm. Weston, Columbia; W. M. Lester, Col.
umbia.

Saluda.

Delegate: J. J. Kirksey, Saluda.
Alternate: J. D. Waters, Coleman.

Spartanburg.

Delegates: J. F. Williams; F. L. Potts.

Sumter.

Delegate: F. M. Dwight, Sumter.

Union.

Delegate: J. L. Hames, Union.

York.

Delegate: R. A. Bratton, Yorkville.

Treasurer's Report.

Treasurer C. P. Aimar presented his annual report which was duly adopted as follows: To the President and Members of the House of Delegates of the South Carolina Medical Association:

Gentlemen: I have the honor to submit the following report for the fiscal year 1907:

Balance cash on hand January 1,	
1907	\$ 381.94
Cash collected January 1, to Decem-	
ber 31, 1907	1,834.00

Total	\$ 2,215.94
Expenditures January 1 to Decem-	
ber 31, 1907	1,595.03

Balance cash in bank January	
1, 1908	\$ 620.91

Also beg leave to report the following, which is not included in the above: Funds for the Prosecution of Illegal Practitioners:

Balance cash on hand January 1,	
1907	305.45
Interest on above	11.37

	\$ 316.82
Cash expended E. L. Asbill, legal	
services	25.00

Balance cash in bank	291.82
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Respectfully submitted,
C. P. AIMAR, M. D.,
Treasurer.

Report of Secretary.

The report of the Secretary was presented by Walter Cheyne, M. D., and was referred to a committee consisting of Drs. C. T. Wyche, C. B. Earle, and A. Earle Boozer for consideration and report, as follows:

Gentlemen of the South Carolina Medical Association.

Your secretary herewith respectfully submits his annual report as required by our constitution. I beg to report that after a year's correspondence the troublesome certificate railroad ticket has been abolished and we can hope for less interrupted scientific sessions.

The membership of our Association has not increased the past year. If the members would pay promptly their County Society dues, at December or January meetings, it would simplify our membership report greatly, and perhaps result in some gains shown.

The work of your secretary constantly increases, since our relationship to the American Medical Association, and our sister state organization, has become so close. Between 900 and 1,000 letters have been written during the forty days prior to April 1st by your secretary.

I recommend the formation of an association of county secretaries, who shall meet in session at the time of the annual meeting, and at such other times as may be deemed necessary. At these sessions, the councilors should be invited to be present, and a compact working organization formed—the working corps in the state medical field. Other states have already found such organizations profitable, bringing the capable county secretary and his councilor in close touch in administrative methods.

I beg to report that I have given proper notice of the various proposed constitutional amendments; that I have sent preliminary programmes to every member of the association.

I beg to ask that changes of the constitution will not be made hastily, but only with great care and thoughtfulness for the welfare of the association, much confusion must result from these constant changes.

As the number of papers to be read at the scientific session is the longest in the history of the South Carolina State Medical Association, expediency demands that hereafter our scientific session be divided into a medical section and a surgical section. This is the last year of a general meeting. I refer the House of Delegates to Article VII, of our constitution.

All of which I respectfully submit,
WALTER CHEYNE, M. D.,
Secretary S. C. Med. Assn.

Report of Committee on Public Policy and Legislation.

In the absence of Dr. Kollock, the chairman of this committee, the report was presented by he secretary and received as information as follows:

Mr President and Gentlemen of the South Carolina Medical Association.

The Legislative Committee begs leave to present the following report:

1st. Dr. T. Grange Simons having resigned as a member of this Committee, of which he was Chairman. Dr. Charles W. Kollock was appointed by the President to fill the vacancy.

2nd. At the call of the President, Dr. Guerry, the Committee met in Columbia, at the office of the President, on January, 1908. There were present Drs. LeGrand Guerry (Pres.) Charles W. Kollock (Chm.), Harri-son, McIntosh, Weston and Jervey (Editor of the Journal). It was decided to summon by telegraph to meet in Columbia, on January, 28th, the president of each county medical society, or a representative, to be appointed by such president, in order that a plan for approaching the legislators and furthering the bill for medical legislation might be thoroughly discussed and decided upon. The following representatives from the various County societies met at Wright's Hotel, in Columbia, on January 28th, 1908. Drs. LeGrand Guerry, Walter Cheyne, Charles W. Kollock, S. C. Baker, C. C. Gambrell, W. H. Ray, Wm. Brockington, S. D. T. Lancaster, H. H. Wyman, John Lyon, E. L. Patterson, E. A. Hines, C. O. Teague, Wm Weston, W. J. Burdell, A. E. Boozer, J. H. Saye, J. T. Taylor, L. J. Mann, R. A. Marsh, W. P. Timmerman, A. R. Johnston, Crown Torrence, A. B. Patterson, J. H. McIntosh, J. J. Cleckley, S. E. Harman, J. W. Jervey and C. T. Wyche. Drs. Wyche, E. L. Patterson and Saye were especially invited as being members of the Assembly and rendered very valuable assistance. After considerable discussion the following amendments to the existing law were unanimously adopted, introduced in the Assembly and passed both houses, being now a part of the organic law of the state:

(For text of bill see Journal for March 1908.—Ed. Jour.)

CHAS. W. KOLLOCK, M. D., CHM.

Report of Scientific Committee.

Dr. J. T. Taylor on behalf of the committee made the following statement "Report of our committee is practically before you in the program of fifty-three papers, which we trust will prove satisfactory to the society."

Report of the Executive Committee State Board of Health.

In the absence of Dr. Robert Wilson, chair-

man, this report was read by Dr. C. C. Gambrell, of Abbeville, and received as information as follows:

(For this report see under head of original articles, this issue.—Ed.)

Vacancy on Executive Committee Board of Health.

Dr. Gambrell announced the resignation from the Executive Committee of the State Board of Health of Dr. C. F. Williams, of Columbia, dut to his election to the office of State Health Officer, by the Executive Committee of the State Board at the meeting held in Anderson, Tuesday morning, April, 14th.

Report of State Board of Medical Examiners.

Dr. W. M. Lester: The proceedings of the Board have been printed in pamphlet form and a copy sent to each member of the Association. We desire to present in addition this brief report.

To The Members of The S. C. Medical Association:

As secretary of the State Board of Medical Examiners, I make the following report:

At the annual examination in June, 1907, there were sixty applicants (1 female and 59 males), of these fifty-four were white (1 female and 53 males) and six colored. Of the sixty applicants, forty-one were granted licenses, and nineteen were refused licenses.

The proceedings of the Board were published last summer and a copy sent to every member of the Association.

For four years we have enjoyed reciprocal relations with a number of states. The following are the states whose licenses we now recognize: Texas, Virginia, Maryland, Maine, Michigan, Kansas, Wyoming, Wisconsin, Minnesota, Nevada, West Virginia, Utah and Missouri.

During the year 1907, the Board granted three licenses under the reciprocity clause, the applicants presenting licenses from the following states: Virginia and Maryland.

The following changes were made in the Medical Law by the General Assembly of 1908:—The Board was empowered to revoke the license of any physician who is convicted of felony or gross immorality or is addicted to the liquor or drug habit to such degree as to render him or her unworthy or unfit to practice medicine in this state, or has been convicted in a court of competent jurisdiction of illegal practices. The obnoxious "five year's clause" was cut out, and the osteopaths are required to satisfactorily pass examination before the State Board on all regular branches upon which applicants for license to practice medicine are examined except Ma-

teria Medica and Therapeutics, Major Surgery and the Practice of Medicine.

According to the by-laws of this Association the members of this Board are elected for a term of two years. The following members' terms expire at this meeting:

Second District, Dr. Harry H. Wyman, Aiken;

Fourth District, Dr. W. L. Mauldin, Jr., Greenville;

Sixth District, Dr. J. L. Napier, Blenheim;

At Large, Dr. W. M. Lester, Columbia.

Respectfully submitted,

W. M. LESTER, M. D., Secretary,

State Board of Medical Examiners.

On motion the report was adopted.

Reports of Councilors.

First District: President Guerry announced the absence of the councilor of the first district, Dr. E. F. Parker, of Charleston, on account of pending examinations at the Medical College of Charleston.

Second District.

The Councilor of the Second District begs to report as follows: That he has visited nearly all the societies in his district, the exception being Bamberg County, which he was unable to visit, and Barnwell County, which previous to the last few weeks has had no organization. The first organization in this county for want of support was dissolved, and its members or most of them, joined societies in the neighboring counties. In the last few weeks, however, I am pleased to report that a few of the faithful and loyal members of the profession in this county, have again organized the Barnwell County Medical Society, and it is to be hoped this time for a successful and permanent organization. There are good and true men in this county, but owing to the country being sparsely settled, and the inadequate railroad connections which handicaps them very much, they will do well to keep up a live society.

The Bamberg Medical Society, while not large, is a flourishing organization, and is doing the best that they can under the circumstances, having to labor under the same disadvantages that Barnwell County has to contend with. I regret that circumstances prevented me attending the meetings of this society. With the good men belonging to it, I am sure a good and useful organization will be maintained.

The Orangeburg Medical Society is one of the best in the state, large in numbers and active and alive in its work. The society meets on the third Tuesday of each month at different points in the county, with the faithful and honored Dr. W. L. Pou as its president, and Dr. L. C. Shecut as secretary. The meetings are well attended generally and good work is done.

I am glad to report that the physicians of this county are making an effort to build a hospital at its county seat, with a good pros-

pect for final success. This I regard as a good indication of the enterprise, zeal and ambition of the members of the profession.

The Lexington County Medical Society, while not the largest in numbers, is composed of ardent and sincere members who do their best towards attending the meetings and making them a success. The meetings are held quarterly, and are presided over by Dr. J. W. Geiger, with Dr. J. J. Wingard as secretary, and there is no doubt of the permanency of this society. Almost all the physicians residing in the county have become members.

The Aiken County Medical Society is a flourishing institution and has a large membership, with several members from the adjoining counties. It meets the first Monday in every month, and the meetings are well attended. Discussions of papers are entered into with zeal, showing a good and earnest membership. Nearly all the physicians of the county are on its roll, but like many other societies find it hard to make prompt collections. This society is also undertaking to raise a fund to build a hospital, and it is to be hoped that in the next year or so it will be brought to a successful result. The president of the society is Dr. A. Holsonback, with Dr. Harry H. Wyman as secretary. This society is also one of the largest and best in the state, with the prospect of doing good work, and are making themselves felt in political matters.

The organization of county societies throughout the state is, in my opinion, the greatest and most important action ever undertaken by the profession, and is destined not only to bring the medical profession together so that its influence will be felt in public matters for the good of each community, but to bring the profession successfully together in stronger fraternal ties, and by the discussions at their meetings, raise it to a higher and broader and grander professional level.

Signed: T. G. CROFT, M. D.,
Councilor of Second District.

Third District.

To the South Carolina Medical Association:

I am glad to report my Councilor District to be in good condition. I believe the interest that has been shown since the re-organization has not waned any, and there is now more interest in the county societies than there has ever been, and a more brotherly feeling among the profession. I think the profession in my district is at last beginning to feel that pride in their profession which we ought to have and which will commend the profession to the public as well as command the respect and admiration of all good people.

Signed: O. B. MAYER,
Councilor Third District.

Fourth District.

House of Delegates, South Carolina Medical Association:

I respectfully beg to report that the Fourth District is in good condition. The different

county societies are all well organized, and I hear nothing but good reports from them—therefore, I have not felt it necessary to visit them personally during the past year.

My home society (Spartanburg) is wide awake. Our papers are all good, and the discussions are first-class. I am glad to be able to report that I have similar reports from all of the societies of the Fourth District.

Before we re-organized, three years ago, it was difficult to get delegates from our Spartanburg society to attend the meetings of the State Association, but the enthusiasm has become so great that it is not at all difficult now to get them to attend. In fact, their election is the warmest one we have.

I trust that it is so throughout the state. May be good work continue to grow, and may be Fourth District contribute its full quota to the upbuilding of the profession and the science of medicine. I feel sure that it will.

Signed: H. R. BLACK,
Councillor Fourth District.

Seventh District.

Mr. President and Gentlemen of the House of Delegates:

I beg leave to submit the following as the report of my work for the past year in the seventh councillor district.

On October 14th, I visited the medical society of Columbia. Their meetings are held in the K. of P. hall, which seems to be a most satisfactory meeting place. On the occasion of my visit the attendance was about twenty-five members. Dr. A. B. Knowlton, the president, was in the chair, and Dr. Mary R. Baker, their most efficient secretary, was at her post. There were several out-of-town visitors also present. Two set papers were read and several clinical cases exhibited and discussed. This method of exhibiting cases at the meetings, when practical, and having them thoroughly discussed, I think a most excellent one to be adopted in all of our societies and can only result in good. The Columbia society seems well organized, the discussions are spirited and enlightening, and everything seems to be working harmoniously. Minutes of the proceedings and discussions are carefully taken and notices of the time of meeting and program are sent to each member a few days beforehand. Their regular meeting time is the second Monday night in each month and after the scientific session refreshments of a more or less substantial nature are served. There are fifty members in good standing and they have an average attendance of twenty. The president for the current year is Dr. Robt. L. Moore, and the secretary, Dr. Mary R. Baker.

January 2nd: Attended, officially, the regular meeting of the Sumter County Medical Association. Meetings are held in the parlors of the Hotel Sumter on the first Thursday in each month, except during the months of June, July and August, when a vacation is taken. This association has thirteen members in good standing, and has an average attendance is eight. An essayist is appointed at each meeting to prepare a paper for the

succeeding one and at the same time a subject for general discussion is chosen and a member appointed to outline and lead it. Volunteer papers and clinical reports are also encouraged. This association has been meeting in the evenings heretofore, but lately had adopted a mid-day hour as being more convenient for country members. Dinner is served at the close of the meeting as tending to encourage friendly relations after the heat of the discussions. It is a most pleasant feature. Dr. H. M. Stuckey is the president for the current year and Dr. F. K. Holman is secretary. Notice of meetings and subjects for discussion are mailed to each member several days beforehand.

January 7th: Attended meeting of the Lee County Medical Society, at Bishopville. At this time a public meeting was held in the county court house and the ladies and gentlemen of the town and county were invited to attend and listen to a lecture by Dr. John L. Dawson, of Charleston, on "Tuberculosis, Its History, Prevention and Cure." The Weather was most inclement and the attendance consequently limited, but these present seemed much interested and anxious to be informed. The society has fifteen members in good standing. The average attendance is about half and meetings are held the first Tuesday in each month at 11 a. m. The president is Dr. B. L. Harris, of St. Charles; the secretary, Dr. L. H. Jennings, of Bishopville.

March 11th: Attended meeting of the Clarendon County Medical Association, which was held in the offices of Dr. W. M. Brockington, in Manning, at 11 a. m. The president, Dr. A. S. Todd, was in the chair, and Dr. C. B. Geiger, the secretary, was at his post. The association has 14 members in good standing. There were seven members present at the meeting and this is about the average attendance. The regular meetings are held quarterly on the fourth Wednesdays of January, March, July and November. Bad weather during the past year and the considerable distances that many of the out-of-town members have to travel has interfered with the satisfactoriness of their meetings, but they hope to do better in the future. Several interesting clinical cases were reported and discussed by the members present. This being a special meeting, called at my request, no set papers had been prepared.

March 17th: Visited the Williamsburg County Medical Association, at Lake City. The meeting was held at the offices of the Doctors Gamble. There were eight members present with Dr. W. S. Lynch, of Scranton, the president, in the chair, and Dr. J. B. Durrant, of Lake City, fulfilling the duties of secretary. Their present membership in good standing is twelve, with an average attendance of eight. This association has met with a number of discouraging reverses since its organization at Kingstree, some three years ago, and for nearly two years no meetings had been held until about four months ago the physicians of Lake City and vicinity got together and revived the organization under

the charter originally granted to the association when its headquarters were at Kingstree. At their first meeting they adopted a Fee Bill and instituted a Black List, and gave these facts publicity through the newspapers. This was interpreted as a piece of unwarranted extortion and coercion by the laity of that community, so much so that a mass meeting of citizens was held, condemnatory resolutions were passed and new doctors advertised for. At the time of my visit the association in session had just been visited by a committee of citizens to submit a further protest. The fees adopted were by no means high, being about 75 per cent. of those in force in Sumter County, and about 60 per cent. of the Columbia fees. It is unfortunate that this struggling association should have met with such difficulties at the very outset of its resuscitation, but it is to be hoped that they will win out in their fight for fair fees, and that no new physicians will move into the territory hoping to gain practice by underbidding the present incumbents. Several interesting clinical cases were exhibited and freely discussed. The members seem earnest and progressive, and I predict a bright future for this association. Their time of meeting is the Tuesday night on or before the full moon in each month. This for the benefit of the country members.

March 26th: Visited the Georgetown Medical Association, which met at the office of Dr. Beckman. There were six members present, with Dr. Olin Sawyer, president, in the chair, and Dr. W. M. Gaillard, secretary. This was a special meeting at my request and no regular program was on the cards. They have eleven members in good standing with an average attendance of four. I hope for better things. Their appointed time of meeting is the first Friday night in each month.

In addition to these visits to the several county societies in my jurisdiction, I attended two meetings of the council in Columbia, one held October 30th, during the season of the state fair, and for consultation in regard to the conducting of our Journal. The second in January, during the session of the legislature, I attended at the call of our president to consult with the legislative committee concerning desired legislation.

All of the county societies in my jurisdiction seem to be thoroughly organized and to be working smoothly, and there were no questions of ethics of government submitted to me during the year for solution. The great problem with all of the societies seems to be how to secure a regular attendance upon meetings. The obstacles of distance and bad weather will always have to be recognized with the out-of-town members, especially in the winter months, but if a system of work towards a definite end can be arranged for each year and a lively interest excited, much of this can be overcome.

A thoroughly earnest, systematic and tactful secretary is the first essential of a good society; one that will make accurate records for future reference, keep members notified and spurred up to attend meetings, and who will arrange a good program, scientifically and

socially (for practically all this falls upon the secretary). Such a secretary, when secured, should be kept in office and deserves and should receive suitable compensation for his services. The social feature at the end of the scientific program is a very desirable one, I think, as tending to leave a good taste in the mouth after the plentiful prescriptions of pills and powders.

In order to stimulate interest in the scientific work, and especially to direct that work towards a definite end, I am endeavoring for the coming year to introduce in each society in my district the following regular features in addition to other work that the scientific committee of the society may outline for itself.

1st. In order to keep fresh in mind the whole field of medicine, to take up and follow out the scheme of post-graduate work as outlined by the committee of the American Medical Association.

2nd. To join in the fight that is now on, to eradicate the great white plague by getting in touch with the general public and teaching them that tuberculosis is preventable; that it is curable when taken in time. I am happy to say that Sumter and Lee counties have already begun the work in my district and have had public meetings with addresses looking to this end.

3rd: We owe to the world our quota towards the research of medical science. There is probably some one disease or condition more or less indigenous or peculiar to each section of our state, and if taken up systematically and studied thoroughly and accurately by the physicians in that locality and the result given to us, though it may be an every-day story to them, it will come with the stamp of authority that will make it of immense value to us. For example, Georgetown County is situated in the low country, and is traversed by many sluggish streams fed by swampy areas—the ideal breeding ground for malaria in all its forms. The practitioners of this region have had much experience in studying and treating this disease. I propose to ask them to take up malaria during the coming year. At the first meeting I wish them after defining the subject, to discuss its causes from their own experience and in the light of recent investigations elsewhere I hope they will be able to make biological tests, and that the discussions will be thorough and full. At the next meeting I shall ask them to discuss the symptoms as they appear in that section, giving exactly, in figures, the highest, lowest and average temperatures recorded by them, the frequency and number of chills, the duration of various forms of the disease, etc. At another meeting I shall ask for the frequent and unusual complications as found by them. Later on will come diagnosis, prognosis and treatment. At the end of the year I wish to ask the secretary to edit and condense these discussions and present the composite paper to our state meeting. I do not see how this can fail to be of permanent benefit to medical knowledge and when sent out to the world through our Journal will prove a

classic and an authority in its line.

So I may ask Columbia to take up the study of child labor in her many factories, in all its phases, and report the result, and as for other societies, other work, and at the year's end I trust that we will have something each to show to the other, and that we will have done something that will put us in the working column of the army of medical progress.

S. C. BAKER,
Councilor Seventh District.

On motion this report was referred to a Committee consisting of Dr. W. M. Lester, Dr. S. C. Baker, and Dr. Wm. Weston, to consider the same and report back to the House of Delegates.

Report of Committee on Necrology.

The secretary announced that there was no provision in the constitution for a regular committee on necrology, but that at his suggestion the president had appointed such committee during the year, with Dr. J. L. Gray of Anderson, as chairman. Dr. Gray not being in the hall no report was made.

Delegate to Council on Medical Education.

Dr. Cheyne: Mr. President we have no representative from this Association to the Council on Medical Education. The Council met this year in Chicago on April 13th, a date conflicting with the meeting of the State Association.

President Guerry: The president will appoint Dr. T. G. Croft, of Aiken, as a delegate from this Association to the Council on Medical Education.

Report of the Council.

Dr. O. B. Mayer submitted the Annual Report of the Council which was on motion referred to a Committee of three for consideration and report as follows:

The Council of the South Carolina Medical Association submit the following report:

We are glad to be able to report another year of progress in the success which has followed the organization of the profession. The county societies are doing much good work, and their improvement is very gratifying. The Journal has proved of much value to the Association as well as to the county societies, and the wisdom of its publication has now been fully proven. The cost of the Journal during the last year, taken from the report of its editor, is as follows:

Journal earnings	\$1,479.19
From the Treasurer of the South Carolina Medical Association:	
September 23rd, 1907	300.00
January 18th, 1908	500.00
	<hr/>
Salary of editor	\$2,279.19
	<hr/>
Making a total cost of	\$2,779.19
Less cash on hand	332.31
	<hr/>
	\$2,446.88
Less bills receivable	283.32
	<hr/>
....	\$2,163.56
	<hr/>
	1,479.19

Net cost of Journal for the year. . \$ 684.37

The books and accounts of the Journal have been audited by a committee consisting of Drs. Furman and Mauldin, who certify that they found them correct, and proper vouchers for all money expended.

We recommend to the House of Delegates that we divide the scientific session into two sections, a surgical and a medical.

We recommend a salary of \$300 for the secretary of the Association, and a stenographer's fee of \$100, on account of the greatly increased work of the Association.

We recommend that the list of members of the Association be printed at least every quarter in the Journal.

We endorse the recommendation of the secretary to organize the county secretaries into a state organization which shall meet annually, or oftener, if desired, and that the councilors be ex-officio members of this organization.

We recommend that our Association adopt a button, to be worn by its members.

The president appointed the following committee: Dr. Frank Lander, Dr. T. P. Whaley, and Dr. A. Earle Boozer.

Amendment to By-Laws.

Dr. Cheyne gives notice of Amendment to chapter 8 of the by-laws by adding to section one, as to standing committee, a committee on necrology and a committee on the prevention of venereal diseases.

President Guerry: Under the rules, the amendment will lie over until the next day.

Committee to Organize Anti Tuberculosis Association.

Dr. W. J. Burdell offered the following resolution, which was seconded by Dr. Whaley and unanimously adopted:

"Resolved: That the president appoint a committee of one member from each county which shall take steps to organize anti-tuberculosis associations, which shall work in ac-

cordance with the plans of the National Association for the prevention of tuberculosis."

The president appointed the following committee:

Dr. John L. Dawson, Chairman, Charleston.
 Dr. G. A. Neuffer, Abbeville.
 Dr. W. H. Nardin, Jr., Anderson.
 Dr. Fillmore Moore, Aiken.
 Dr. J. J. Cleckley, Bamberg.
 Dr. R. C. Kirkland, Barnwell.
 Dr. W. R. Eve, Beaufort.
 Dr. B. B. Steedly, Cherokee.
 Dr. Frank Lander, Chester.
 Dr. T. E. Wannamaker, Jr., Chesterfield.
 Dr. W. M. Brockington, Clarendon.
 Dr. W. A. Kirby Colleton.
 Dr. Wm. Eggleston, Darlington.
 Dr. F. Julian Carroll, Dorchester.
 Dr. R. A. Marsh, Edgefield.
 Dr. Samuel Lindsay, Fairfield.
 Dr. B. G. Gregg, Florence.
 Dr. W. M. Gaillard, Georgetown.
 Dr. Davis Furman, Greenville.
 Dr. G. P. Neal, Greenwood.
 Dr. C. A. Rush, Hampton.
 Dr. G. P. Norton, Horry.
 Dr. J. W. Corbett, Kershaw.
 Dr. T. L. W. Bailey, Laurens.
 Dr. C. W. Harris, Lee.
 Dr. C. W. Barron, Lexington.
 Dr. A. M. Brailsford, Marion.
 Dr. W. J. Crosland, Marlboro.
 Dr. P. G. Ellisor, Newberry.
 Dr. E. A. Hines, Seneca.
 Dr. L. C. Shecut, Orangeburg.
 Dr. W. A. Tripp, Pickens.
 Dr. A. Earle Boozer, Richland.
 Dr. D. B. Frontis, Saluda.
 Dr. G. A. Bunch, Spartanburg.
 Dr. L. M. Parler, Sumter.
 Dr. D. H. Montgomery, Union.
 Dr. T. B. DuRant, Williamsburg.
 Dr. R. A. Bratton, York.

Report of Secretary as Delegate to Association of State Secretaries.

Dr. Cheyne submitted his report as follows, which was on motion unanimously adopted:

Gentlemen of the South Carolina Medical Association:

I herewith respectfully report, as your delegate to the meeting of the state secretaries, held at Atlantic City, N. J., in conjunction with the general meeting of the American Medical Association.

At our meeting there were present Dr. George H. Simmons, general secretary A. M. A.; Dr. F. R. Green, assistant secretary A. M. A.; Dr. W. R. Townsend, of New York, representing over 6,000 members; Dr. J. N. McCormack, chairman of the Committee on Organization; Dr. P. M. Jones, of California; Dr. A. T. McCormack, of Kentucky; Dr. W. J. Chandler, of New Jersey; Dr. H. W. Orr, of Nebraska; Dr. Chase, of Texas; Dr. Price, of Tennessee; Dr. South, of Kentucky; Dr. J. W. Jervey, of South Carolina, and others.

Every secretary or editor present voiced a unanimous opinion that a permanent organization should be formed, to study the best methods needed in the different states to increase membership, weed out illegal practitioners, and get a national working union of secretaries.

One matter discussed, which does not as yet affect the members of our association, was the matter of protection of the doctor from malpractice, suits or medical law suits. Several state medical associations employ regularly an attorney, and membership in the association entitles a member to full legal service in defense of any suit brought against him. While damage suits are not yet in vogue in South Carolina, we look forward to their origin as a matter of course. That the interchange of opinion, the interchange of experiences, the growth of ideas, discussed by men of executive ability, of varied experiences, laws and customs would not result in great good to the medical profession at large, would seem to me fallacious reasoning.

I have the pleasure to report that your secretary was elected chairman of the Committee on Organization of State Secretaries and Editors, with Dr. L. S. South, of Kentucky, and Dr. J. W. Jervey, of South Carolina, the other members of the committee. South Carolina therefore has the honor of two members on this committee. In pursuance of the duty imposed as chairman of this committee I have written 200 letters to all the state secretaries and editors of the state journals to form a permanent organization at the meeting of the American Medical Association at Chicago, June 1st, 1908.

The South Carolina Medical Association is now entitled to two delegates to the American Medical Association. I beg to make the suggestion, not at all in a presumptuous way, but as entirely a matter for your serious consideration, that the secretary of the South Carolina Medical Association be one of these delegates, who can represent you not only at the general meeting, but also in the permanent organization of state secretaries. The meeting of the American Medical Association is so vast in numbers, so impressive in new medical thought and ideas, expressed by the words of men who are pre-eminent in the specialties of medicine and surgery, that to the neophyte, it is a wondrous revelation. Almost every nation in the world is represented in medicine and surgery at these meetings. The South Carolina Medical Association confers one of the highest honors in its hands on the many whom it sends to represent it in such an assemblage. He should be full of zeal and he should have the ability to maintain the high standard that for sixty years the South Carolina Medical Association has upheld.

WALTER CHEYNE.

Sec'y S. C. Medical Association.

Committee for Organization of State Secretaries.

In accordance with the recommendation of above report, President Guerry appointed the following committee for the organization of

county secretaries with power to transact all business for this purpose as outlined in the secretary's report and endorsed by the council: Dr. Mary A. Baker, Columbia; Dr. J. R. Young, Anderson; Dr. Allen J. Jervey, Charleston.

Resolution Relating to Candidacy of Physicians for State Legislature.

Dr. Davis Furman offered the following resolution, which was seconded by Dr. Burdell:

Whereas, It is essential to the public health and welfare of the people of our state that certain laws should be enacted providing for the liberal support of the State Board of Health and the broadening of its powers; for the establishment and maintenance of an official record of vital statistics; for the establishment and maintenance of a state institution for the care of the tuberculous; for the protection of public water supplies against pollution; for the proper representation of medical men in the formation of county and municipal boards of health, and for other measures vitally affecting the public health and the preservation of life, and

Whereas, It has been in the past, and under conditions similar to those now existing will be in the future, difficult to interest politicians and lay representatives of the people in these matters which lie essentially at the foundation of the wellbeing and prosperity of our people, and

Whereas, The people naturally look for advice and protection to the profession which by its achievements in the development of medical and sanitary science is alone qualified to point out the channels in which such legislation should lie; therefore, be it

Resolved, That the South Carolina Medical Association, through its House of Delegates in convention assembled, does hereby request and urge each of its component county medical societies to select one of its members to make the race for the legislature from each respective county with the understanding that the members of the county medical society shall give to its candidate for election their continuous, whole-souled, active and energetic support during the campaign, with the unswerving purpose to insure his election; and that this action be taken immediately and without delay in order that the next General Assembly of South Carolina shall contain a sufficient number of actively interested physicians to carry to a successful conclusion those measures which scientific knowledge and experience teach us are necessary for the physical, and therefore moral, as well as commercial, welfare of our people.

Dr. Wm. Weston: I sincerely hope that every man in this meeting will express himself on this resolution. It is a proposition they have not heretofore considered and is a very serious one. I heartily approve of it, al-

though I would not care to be one of the candidates.

Dr. S. C. Baker: This resolution is in line with the paper that I read before the Pee Dee Society a year and a half ago, and which was published in the Journal under the title "Are We Doing Our Full Duty by the Laity?" I took the position that if we put candidates in the field and had them discuss these medical matters before the voters, we could in that way get a chance to talk to the voters themselves on medical matters, and by the end of the campaign, whether the doctor was elected to stay at home, or to go to the legislature (and personally I would rather be elected to stay at home), the laity would know what was wanted and tell it to the men who were elected in such a way that they would be afraid not to vote for the measure we were advocating. For instance: if we explained to the voters that malaria was due to mosquitoes bred in swampy places, and that drainage was necessary for that reason, it would help us to pass a drainage law. If the doctor did not go there to pass it himself, his opponents in the race would have heard his speech in every county, on every stump, and would know all about it, and we would not have to drill it into him when he got to Columbia.

When we go there the legislators do not know what we want. We take fifteen or twenty minutes talking to this one and that one, and then go to another, and in the end frequently find that we have been talking to lobbyists, and not to a legislator as we do not know who the members are. If we could agree upon a platform, and have a doctor in every county to run upon it, the candidates elected would know something about what was wanted. Very few doctors in active practice would want to go to Columbia, but they might enter the race and withdraw at the last moment, letting the other fellow go in with some knowledge of our aims and some instruction in regard to the medical measures necessary. It would be an excellent thing if we could get the doctors to consent to make the race, and personally I will do all I can to get one to enter in my county. I do not know whether the effort will be successful or not.

Dr. Lester: This resolution suggests a new departure. At first sight it looked good to me, but it is such a completely new thing that I for one am not yet prepared to vote on it. It is a question with me whether it

would be wise for us to pass that resolution. In talking with laymen about the doctors in politics, my observation is that the majority of people are opposed to doctors in politics, and I think where we put one up as a candidate as a physician, for the purpose of getting through some medical legislation, it will rather antagonize the voters. I wish we could do it; I think it a good idea, but had we not better consider this thing fully before passing this resolution?

Dr. Napier: Dr. Furman's resolution is along the right line if we could make a practical solution of it. I agree with Dr. Lester that if we put up a doctor as a doctor to pass medical legislation, all the other candidates will fight him. Submit to each candidate to the legislature at his first campaign meeting this question: Will you support certain medical legislation for the benefit of the people of this state? If he says he will not, let each doctor in the county make it his business to work against him and leave him at home. If he says that he will, then take the best that offer, and work for them to go and carry through this legislation.

Dr. Burdell: I am not sure that I am right in this, but my impression is that something like \$5,000 was appropriated last year by the legislature to fight the "cattle tick." The bill appropriating \$1,000 for fighting tuberculosis in human beings failed to pass. When the legislature gets to acting that way, I think we should put a doctor on the stump in every county to show the people what their lawmakers are doing, and for that reason I support the resolution.

Dr. Rees: I feel that the resolution aims at a good object, but I feel personally that Dr. Furman's resolution is so far-reaching in its effect and purpose that it appears absolutely impracticable. It is practically impossible to get a desirable medical man in every county in this state to enter as a candidate for the legislature. He sacrifices his time and his income and everything connected with his profession simply for the patriotic purpose of the good of the people of this state, though of course no more worthy object could be desired. If it were possible for us to put forward one single desirable medical man in the state from the association who would be willing to go to the legislature and advocate these measures for the good of the whole people, and for the profession, with a whole-souled proper spirit, it would certainly be as much as we could hope for.

We find only rarely such men as Dr. C. A. L. Reed, of Cincinnati—a man who has acquired a large fortune, and is now interested in matters of legislation and public health. He has practically given up his work for that purpose and is now advocating some representation in the national capital. But Dr. Reed is only one out of a great mass of medical men in this whole country whom we notice as going forward and accomplishing anything in that way. The unfortunate part of going into politics, as I view it at the present time, is that the physician would be nothing else but a politician; politics would have to be his business in future—he practically would not be a doctor of any standing any longer, unless, as I say, he is a man of independent means, independent of everything else, and able to stand out for the purpose he advocates. I feel that Dr. Furman's resolution is impracticable in the far-reaching purpose that he aims at—simply out of the question. If we can induce one man in our whole association who is able to do so to go and represent this association in our State Legislature, it would be as much as we could hope for at present. We cannot go out before the people as a body and say that we are willing to sacrifice everything—time, income and everything else—nor can we ask any individual to do it. The men we could select from our profession would probably be undesirable men for the legislature, not only as medical men, but as citizens.

Dr. Whaley: I listened to the resolution with a great deal of interest, but must say that I agree with Dr. Rees thoroughly. I never have known a good doctor who was a politician, and never a politician who was a good doctor. If we tried to send a man from each county in this state, we would be putting a premium on degeneration in the ranks of the profession. The men selected will surely deteriorate into politicians, or at least will not be good doctors again—cannot regain the position held in their community before they became politicians. It seems to me we have accomplished a good deal in the last year—more than in the past ten years—and that is because we have been more aggressive, through our Journal, and in talking with our representatives. I think we will work better in the future, and that we should consider both sides of the question before passing this resolution. The doctors in the legislature are the people we have the hardest time in handling.

Dr. Gambrell: Two years ago the Abbeville society made it their business to find out what medical measures would be brought up before the next legislature. We embodied this information in pamphlet form and forwarded it to each candidate in the field and every one of them responded that they would gladly support each and every one of those measures. We did the same thing this last year among the new members that were to go down, and in no instance that I know of has a representative of Abbeville county voted against one of the medical measures proposed by the committee from this association. I believe the place for us to do the work outlined in the resolution is to do it at home, thoroughly, during the campaign, and we will then have no trouble in getting passed such laws as we want.

Dr. Whaley: In my remarks just now, I was a little harsh. There is one exception, I do not know whether he is in this hall or not, but the exception is Dr. C. T. Wyche, of Prosperity. I know him to be a good doctor, and I know him to be a good politician. (Applause).

Dr. Fillmore Moore: One point I would like to call attention to is the unfortunate reference by the doctors to measures they desire to have passed as doctors' measures. I think if we were careful to identify our interests with the interest of the people and have the people feel that their interests were our interests, perhaps we would not have such trouble in the legislation we propose. There is a constitutional objection to special legislation and I think this body should be careful in presenting measures for consideration not to present them as class legislation. The doctors are generous in these measures, for every measure I know of has been for the good of the people rather than for the good of the doctors as a class; yet they are spoken of as doctors' measures. I think if this proposition was put in some practical form, it would be an excellent thing. There is no work needed more by the people in this country than the education of the average citizen to the importance of sanitary and medical legislation, and no men retain their leadership in the profession who do not take an active interest in measures for the public health.

Dr. Jones: It is purely from a sense of duty, and with all due respect to the gentleman who presented the resolution that I

cannot support him. I am in hearty sympathy, as every member is, with the object in view, yet I seriously question the wisdom of attempting to put it into practice. Ways have already been suggested by which we can get the influence of the representatives by talking with them.

Dr. C. T. Wyche: I am pleased with the remarks of my friend from Charleston and the applause which the House has given them. I have been flattered in the work that I did for the Medical Association far beyond my deserts. But, gentlemen, how many physicians here will agree on a proposition themselves? How many of you would agree on any bill you would get up? When you send doctors to the legislature sometimes they will differ, and sometimes will not agree in the support of the measure. What measures do you want? You had fair success at the hands of the last legislature.

Now I want to take up a little for the despised politician; the members of the Legislature as I have known them for the last several years. I want to say that as a body of men they are not the despicable politicians the people think they are. A man is thought to be a politician sometimes because he does not agree with you. I know you gentlemen think Dr. So-and-So is a good doctor, he has that reputation; he has been honored let us say by the association as its president; he has an honored name in the state; and yet an intelligent man told me he had had Dr. So-and-So to treat him and he could not relieve him of his stomach trouble, and he got an osteopath, and he rubbed his stomach and cured him. (Laughter). There are different men of different opinions and ideas.

I dare say now that one of the difficulties you would have, would be in getting the whole medical fraternity in the state to agree with you in what you want. In my humble judgment the best thing for you to do is to educate the people—educate them on tuberculosis, and on such sanitary measures as you think best for the state. I hope to live to see the day myself when South Carolina will appropriate not \$1,000, but \$50,000 for the protection of the health of the people; it would be the best money that could be spent. (Applause).

I had the honor of addressing a public meeting, consisting largely of ladies, in Newberry, and I put the question to them: "Are you willing for your taxes to be paid to

help the health and lives of the citizens?" I adopted Tillman's plan and held a hand primary, and all voted for it. The people will vote for it if you educate them up to it. Not only the laity, but the profession, need education and drill into the heads of the doctors what is right. Some of the hardest fights on medical bills in the legislature are led by physicians. Some men have different ideas from others. The man did not say that the osteopath was a better doctor than Dr. So-and-So, but said that the osteopath cured him. I believe the despised politicians of South Carolina, taking them as a class, are hightoned honorable men and would advocate and stand up for what they think best for the people if you show it to them.

In passing the measures at the last session, I have been given undue credit by some of my friends. The doctors who met there and discussed this bill with their representatives face-to-face, had more to do with it than I or any other man on the floor of the House. The legislator is a busy man, he has thousands of propositions running through his mind. He may be thinking of how his vote will affect him in the election, but if you teach him the advantage to the people in the measure you propose, and teach the people, they will not tolerate a man who will not protect them. But if you put up a doctor in every county to vote on doctors' measures as a doctor, you put him up to defeat him. Educate the people back of the politician, and the politician will be all right.

I think it is right for the county societies to endeavor to induce men to offer for legislative positions, but I do not tell you gentlemen there is any great hope in it, for I know from personal experience, it is a great deal to your detriment, and I know it makes a poor doctor. Any business that takes a man's mind off of his profession makes him professionally poorer. Where are you going to get your doctor? Dr. Furman might run; he would make a good one. But, gentlemen, we had better go slow. The highest privilege of this association now is to educate the doctors and to educate the people along sanitary lines. I think the intelligent people of the state will back up the physicians if they come out plainly and say what they want in a clear-cut proposition that will redound to the benefit of the state.

One of my friends has alluded to the appropriation of \$5,000 for the eradication of the "cattle tick" and the refusal to appropri-

ate \$1,000 for the fight on tuberculosis. You can do more throughout your county in educating the people to stamp out this awful disease than you can by going into the legislative halls. I would like to see more physicians in the legislature, but if you send a man there and he degenerates into a politician he is as apt to jump the fence as anybody else. Educate the people and they will make him carry out your wishes. (Applause).

Dr. Dwight: This matter has been ably discussed, but I desire to express my conviction that the legislative hall is not the best place to work on these measures. I was sent as a member of the Legislative Committee to work in the legislative hall during its session. We met and put in all the work we could and found every member of the legislature that we approached ready to hear what we had to say, and willing to hear it. But it was sprung on them at a time when they were not in a position to act. Later we were requested to work on the candidates for the legislature in our counties and every man we went to was willing to hear, and as soon as we could make them see it was for the good of the people, they were ready to take it up.

Dr. Mayer: I dislike very much to say anything in opposition to my friend, Dr. Furman, but there is one point I wish to impress on the association, and that is that it would be a very unfortunate precedent I think, for this association to turn itself into a political organization. To hold ourselves out as a political machine would do more harm to the association than the good to be derived from the measure, and I hope the members will consider seriously before voting to make this a political organization.

Dr. Furman: I hardly feel as if I could say a word for my resolution after all that has been said against it. But the motive that prompted it was the fact that the passage of medical laws of the last legislature was due probably entirely to the medical men who were members of the body. There are a great many medical men all over the country who are taking prominent parts in politics. Reference has already been made to Dr. Reed. He will possibly go to the United States Senate. He is a man of great ability as you gentlemen all know, and could accomplish a great deal of good there. Another answer to the argument suggested here is that some of the very best medical

men will go to the legislature. We have a living illustration in Dr. Wyche. Only recently have we had the time to do anything with the legislature. I am afraid our efforts to educate the people will have poor results. Ever since I was a child they have been trying to educate Chinamen, and how far have they got with it? Any man who will go to the legislature goes as a sacrifice to himself; throws himself into the breach for the cause of humanity. I know of one man in my county who would be willing to go. He has been a good member of his profession and has now retired, but is willing to go to help out the medical profession. I think there are such men to be found all over the state. I think it is our duty to stand together and use the time that we have, not in opposing anybody, but answering the call of humanity; work together to secure passage of such laws as will help the people of the state. I should think every medical man would help to adopt every means that would promote that result.

Dr. Wyche: I do not want it understood that I am opposed to doctors going to the legislature. I hope Dr. Furman can get his doctor to run, and would be very sorry indeed if the people of South Carolina would retire all the doctors from the legislature. (Laughter). As he says, a doctor could have more influence on these subjects because he can explain them better; but I am opposed to the wholesale proposition as contained in the resolution.

Resolution Defeated.

The question being put on the adoption of the resolution, the vote was overwhelmingly in the negative, and the president declared the resolution defeated.

Insurance Examination Fees.

Dr. Sanders, of Anderson, stated that he had been asked as a delegate from the Anderson County Medical Society to bring up again the matter of insurance examination fees and exempt fraternal orders from the provision of a \$5 fee. He said: "I am directed to ask that you take action along this line, changing the fee for examinations for fraternal orders from \$5 to \$3, or \$2, or go back to the plan of allowing each county society to decide what these organizations should pay. Some of us are very desirous that this be passed, for the reason that some of our members say they cannot longer re-

main in the State Association if the matter stands as it is, because they are willing to make the examination for less, and will make it. I therefore move that fraternal orders be exempt from the \$5 examination fee, and a fee of \$3 be allowed."

Dr. Cheyne: As a matter of courtesy to Anderson County Society, I second the motion.

Dr. Baird: That is the rule now in Darlington county.

Dr. Lander: It is the same in Chester.

Dr. Tripp stated that he did not see how any county society affiliated with the state organization could permit its members to charge less than the \$5 fee, as under the resolution passed in Columbia, it would be a breach of professional ethics. He called attention to the application of a committee of the Woodmen of the World to be heard on this subject at the Bennettsville meeting, which was refused. Dr. Tripp offered to amend the motion by providing the appointment of a committee by the president to consider the proposition and report as early as practicable.

Dr. Cheyne stated that he had had a good many inquiries from county secretaries and members of the association in regard to this fee, and had informed them that under the resolutions passed it was settled beyond question that any member making an insurance examination, whether for fraternal or old line companies, where urinalysis was required, for less than \$5, would be guilty of a breach of professional ethics.

Dr. Burdell: After getting that ruling the Kershaw county members stopped examining for \$3 for fraternal orders.

Dr. Sanders: I will withdraw the resolution for the purpose of having a committee appointed to consider the matter and report.

Dr. Whaley moved to postpone the matter indefinitely.

This motion was duly seconded and carried.

After some discussion the motion to indefinitely postpone was reconsidered on motion of Dr. Burdell, and the motion for the appointment of a committee to consider the matter was adopted.

President Guerry appointed on this committee, Dr. Sanders, Dr. Frank Lander, Dr. A. Earle Boozer, Dr. W. J. Burdell and Dr. S. C. Baker.

Motion to Exempt County Secretary from Dues.

Dr. Sanders: I was also directed by our county society to move that each county secretary be exempt from the payment of dues, as they have a great deal of work and get no compensation for it.

President Guerry: Your county society can take that action, and exempt him if they wish.

Dr. Lester: If some of the county secretaries don't send better letters to the Journal, I think we should double tax them.

Division of Scientific Sessions Into Two Sections—Medical and Surgical.

Dr. Cheyne: Under the head of new business, I move the adoption of my recommendation for the division of the scientific sessions into surgical and medical sections for future annual meetings.

The motion was seconded by Dr. Burdell and unanimously adopted.

Consideration of Amendments to Constitution.

President Guerry: The question of the adoption of Dr. Croft's proposed amendment, making the editor of the Journal ex-officio member of the House of Delegates is open for discussion.

Dr. Croft: After consideration and conference with some of the members, I have deemed it best to withdraw the amendment.

President Guerry: Unless there is objection, the withdrawal of the amendment will be entered on the minutes, and we will proceed to consider the amendment proposed by Dr. Cox as follows: "Amend Chapter 4, Section 12, by striking out the following proviso: 'Provided that no member of the State Board shall be eligible for re-nomination after having served two consecutive terms of two years each.'"

On motion of Dr. Burdell, seconded by Dr. Rees, this amendment was adopted.

Councilor Districts.

President Guerry called up for consideration the proposed amendment to make the councilor districts conform to the amendment to make the councilor districts conform to the congressional districts.

Dr. Rees moved to adopt the amendment. Seconded.

Dr. Cheyne explained that the present dis-

tricts had been arranged with reference to railroad facilities, and advised against adopting the unsatisfactory congressional districts.

After some discussion, Dr. Cheyne moved that the question of the adoption of the amendment be referred to the council with the request that they consider the matter and report to the House of Delegates at the next annual meeting. This motion was adopted.

Nomination Amendment Defeated.

President Guerry called up for consideration the amendment proposed by Dr. J. L. Napier that the delegates from each district be permitted to suggest to the House of Delegates two members for nomination for Councilors, Board of Health, and Board of Medical Examiners.

On motion of Dr. Lester this amendment was tabled by a vote of fourteen to eleven.

At this point a recess was ordered until 8 p. m.

NIGHT SESSION, APRIL 14th.

The House of Delegates was called to order in the County Court Room by President Guerry at 8 p. m.

Report of Committee on Secretary's Report.

Dr. Boozer presented the report of the committee appointed to consider the secretary's Annual Report, and same was on motion adopted as follows:

1. Your committee to whom was referred the report of the secretary beg leave to report that they have carefully considered same and commend his successful efforts to eradicate the troublesome certificate plan of railroad ticket.

2. That his recommendation for the prompt payment of membership dues at December or January meetings be endorsed.

3. We commend his diligence and activity in attending to the voluminous correspondence of our Association.

4. We recommend the adoption of his plan to form an association of secretaries of our county societies, the councilors being invited to attend, and would suggest that the time and place of meeting be left to their discretion.

5. As to the constitutional questions proposed and discussed, the House of Delegates having already acted upon them we have no recommendation to make.

All of which is respectfully submitted.

C. T. Wyche,

C. B. Earle,

A. Earle Boozer.

Report of Committee on Report of Dr. Baker as Councilor.

Dr. Dwight reported that the committee

had considered the report of Dr. Baker and would recommend the adoption of the recommendations and suggestions therein made.

On motion the same was adopted.

President Guerry announced that telegrams had been received from Dr. Crown Torrence, of Union, and Dr. W. P. Porcher, of Charleston, regretting their inability to be present, and expressing best wishes for a successful meeting.

Report on Matter of Insurance Examination Fee.

Dr. Sanders, for the committee on question of the reduction of the examination fee for fraternal order insurance, reported that the committee met, with four members present, and were evenly divided on the question.

President Guerry: The question now before the House is the matter of proposed reduction of the insurance fee for fraternal orders from \$5 to \$3. Before putting the motion the chair will be glad to hear as full and free a discussion as possible.

Dr. Lester stated that he had been on both sides of this question. Was and had been a member of numerous fraternal orders, and his conclusion was that an examination worth \$5 to an old line company was worth \$5 to a fraternal order, particularly as in the case of the Woodmen of the World, where a particularly rigid examination was required. He stated that his principal objection was that any reduction of the fee would leave a loop-hole which would be taken advantage of. Dr. Lester thought, for the welfare of the Association and the dignity of the profession, a minimum \$5 fee for examination, where urinalysis was required, should be strictly adhered to.

Dr. Burdell opposed the reduction. He said this insurance fight is not restricted to South Carolina, but extends throughout the United States. If we in South Carolina let down the bars, we are making a loop-hole for the defeat of the most important piece of work done by the organized physicians of the United States since the reorganization plan.

Dr. Tripp also opposed the reduction. He said if we lower the fee we lower the profession, and also acknowledge that we have made a mistake in insisting heretofore on the \$5 fee. After the adoption of the resolution in Columbia, I met Dr. McCormack in Atlanta and he told me he wanted to congratulate South Carolina on the stand taken as the

best solution of the question. West Virginia promptly followed us and then twenty-six other states took the same action. Shall we here in South Carolina today surrender what we have gained over the life insurance companies, and hold out the white flag? If a man wants a land title examined, he does not hunt up the cheapest lawyer, but a capable man regardless of the fee. The insurance companies respect the medical profession more in South Carolina today for the \$5 fee than they would if it was less. There is no charity about fraternal order insurance. Their officers are paid and they all demand a certificate of good moral character from an applicant for insurance. Show me a man today in South Carolina with a good moral character who can't raise \$5 (Applause).

Dr. Dwight expressed his regret that the question should again be opened as it had been so definitely settled on two occasions, and announced his unalterable opposition to reduction.

Dr. C. W. Barron, of Columbia, rose to speak on the question, and Dr. J. T. Taylor, of the committee on credentials, rose to a point of order, calling the attention of the chair to the fact that Dr. Barron was not enrolled as a delegate, and that his society, the Columbia Medical Society, had a full quota of accredited delegates.

Dr. Barron stated that he had been duly elected a delegate from the Columbia Medical Society, but had been unable to attend the opening session, and that Dr. Wm. Weston, alternate, had been recognized in his stead, and that he was under the impression that he was entitled to recognition upon his arrival.

President Guerry: I recognize Dr. Barron as the delegate duly appointed from Columbia Society. In his absence Dr. Weston, alternate, filled his place.

Dr. S. C. Baker: I do not desire to interfere with Dr. Barron, but Dr. Weston has been enrolled, and I do not think we can scratch out one name and supply another.

Dr. Weston: In order to relieve an embarrassing situation, I will ask to withdraw my name.

Dr. Taylor: A ruling was made last year that when a man was passed on by the committee on credentials he was then a delegate with full power. I made the question simply as a member of the committee on credentials.

After some further explanation by Dr.

Barron and Dr. Weston, President Guerry stated that he would like to have the ruling of the House on the question.

Dr. Cheyne: This matter has come up each year in the House of Delegates, and last year, as Dr. Taylor says, it was ruled that an alternate accepted and enrolled as a delegate by the committee on credentials, should be a permanent representative of his society. This year, however, in the case of Dr. Smith, from the Marion society, an alternate, was enrolled, and on the arrival of Dr. Brailsford, the regularly appointed delegate, his name was substituted, after consultation with a member of the committee on credentials. I think this is a matter for the House of Delegates to pass on as a committee of the whole, and would like to have a ruling which should establish a permanent law as to whether he shall be displaced by the duly elected delegate upon his arrival.

Dr. Wyche: I think the president's opinion on the ruling is eminently correct. Many things might occur which would delay the arrival of a delegate, and the recognition of the alternate should only be contingent upon his arrival. I move that in all cases the duly appointed delegate be recognized in place of the alternate, and given his seat upon his appearance in the House, and that the ruling of the chair in reference to Dr. Barron be sustained.

The motion, being put, was adopted by an aye and nay vote of twenty-five to five.

Further Discussion on Insurance Matter.

Dr. Barron continued his remarks, stating that it was his understanding that the Columbia society had instructed its delegates to vote for the proposed reduction, on the ground that the applicant paid the fee in fraternal order cases, and in the case of the old line companies, the fee was paid by the company.

Dr. Lester stated that he was not present when the delegates were elected by the Columbia society, but understood that they were not instructed in the matter.

Dr. Sally opposed the reduction. He took the ground that irrespective of the cost of insurance, the fee was paid by the applicant, whether direct to the physician or to the company, and that there was no reason why the physician should do the fraternal work cheaper than the old line company examinations.

Proposed Reduction Defeated.

After some further discussion, a vote was

ordered, resulting in the defeat of the proposed reduction by an aye and nay vote of thirty-two to two.

Report of Committee on Report of Council.

Dr. Lander stated on behalf of the committee that the recommendations had been considered and the committee unanimously recommended their adoption.

On motion the report was adopted.

Invitation to Visit Library.

Secretary Cheyne read a communication from the Anderson Library Association inviting members to visit their new building during the convention. Communication received with thanks.

Insurance Matter Again.

Dr. Boozer: Not to bring an old matter up, but rather to clinch it, I would like to get a ruling from the House of Delegates as to the exact status of this insurance matter. We are in the position we were this morning; that is, it is acknowledged that some county societies are making the examination for \$3, and some are not. We should be uniform in what we do, and in this matter should have a distinct ruling, whereby if a county society does not adhere to the \$5 fee, they should be dealt with in some manner and the practice among members of the Association made uniform.

Dr. Lester: In order to fix it finally, I make the following motion: "That no member of a county society which is a component part of the South Carolina Medical Association, which is of itself a component part of the American Medical Association, shall make an examination for insurance where urinalysis is required, for less than \$5."

Dr. Wyche: Do I understand that to include passing upon a man's general condition when he applies for membership in a fraternal order?

Dr. Lester: I do not mean that to be included in this motion. That is a personal inspection for which a physician can charge a man \$1 or nothing, if he pleases.

Dr. Tripp: If Dr. Lester will add to his motion a provision that not less than \$3 be charged for any examination for insurance, it will simply be a re-hash of what we have already passed.

Dr. Cheyne: The resolution passed in Columbia in 1906, recommended that county societies adopt this resolution and that led to some confusion. At Bennettsville, in 1907, a resolution was passed requiring county societies who had not passed that

resolution to appear before the council and explain why they had not done so, and further provided that any member making examinations for insurance where urinalysis was required for less than the minimum fee of \$5, would be guilty of a breach of medical ethics.

Dr. Mayer: I have a copy of the resolution passed at Bennettsville which I think would throw some light upon the situation. (Resolution read).

Dr. Timmerman: I think the matter is thoroughly covered by the resolution heretofore passed, which the Association has today declined to reconsider. I move to lay Dr. Lester's motion on the table.

Motion to table put and carried.

Membership Button.

Dr. Whaley: I move that the matter of selecting a button as recommended by the report of council and adopted, be referred back to council with power to act. Carried.

On motion the House of Delegates adjourned to meet Thursday afternoon.

FINAL SESSION, THURSDAY AFTERNOON.

The House of Delegates was called to order by President Guerry at 12:30 Thursday, April 16th, in the County Court room at Anderson, S. C.

Delegate from Colleton.

Dr. W. A. Kirby, of Colleton County, announced that he was present as duly elected delegate from Colleton County.

On motion the reading of the minutes of the previous meeting was dispensed with.

Delegate from Spartanburg.

Dr. J. F. Williams: Our delegates were duly elected, and certified to the state secretary. Dr. Fiske is here as J. M. Lanham's alternate, and I would like to have Dr. Fiske recognized as a delegate.

Secretary reported that he had notice of Dr. Fiske's election and no notice of the election of the alternate from the county secretary.

Delegate from Chester.

Dr. J. P. Young stated that he was here as an alternate and that the regular delegate from Chester, Dr. Lander, having left, he would like to be recognized as representing his county society.

Secretary reports that he had no credentials of an alternate from Chester.

President Guerry: I rule that Dr. Young

cannot be recognized, as he has no credentials. I regret this ruling, but hold that delegates and alternates must bring their credentials with them.

All Delegates Present Recognized.

Dr. Cheyne: The constitution has not been complied with by a great many county secretaries, but it seems that we should be fair and I think that county societies should be represented and that while laws should be applied, justice should prevail. I am talking against myself, because I have a lot of trouble due to the failure of the county secretaries to fulfill their obligations. I make the motion that the gentleman from Chester be recognized as a delegate by this House of Delegates.

Dr. E. L. Patterson moves to amend by including all delegates present.

President Guerry: It is unconstitutional, and I rule the motion is out of order.

Dr. Cheyne: I admit that, but let us do unto others, as we would do unto ourselves.

Dr. S. C. Baker: The contention is not so much in regard to Dr. Young being elected, but that he has not brought his credentials. We are a body of honorable gentlemen, and I think a little slip like that should not be counted against him. I think we should take the gentleman's word for it and allow him to represent his society.

Dr. Barron: If we are violating the constitution, I move that Dr. Cheyne's motion be tabled.

Dr. Dwight: We should sustain the constitution and live up to it, but I regard this as an exceptional case, and I second the motion that Dr. Young be recognized.

President Guerry: The Chair has ruled that if not unconstitutional, this proceeding is very irregular. With that understanding, as many as are in favor of Dr. Cheyne's motion as amended by Dr. Patterson will say aye.

The vote being taken, the motion was declared carried.

Election of Officers.

President Guerry announced the annual election of officers, and appointed as tellers, Dr. J. T. Taylor, Dr. C. W. Barron, and Dr. W. J. Burdell. The election resulted as follows:

President: Dr. S. C. Baker, Sumter.

First Vice-President, Dr. H. R. Black, Spartanburg.

Second Vice-President: Dr. W. H. Nardin, Jr., Anderson.

Third Vice-President, Dr. A. T. Baird, Darlington.

Secretary, Dr. Walter Cheyne, Sumter.

Treasurer: Dr. C. P. Almar, Charleston.

Councilors.

First District: Dr. J. T. Taylor, Adams Run, to succeed Dr. E. F. Parker, of Charleston, term expired. Elected to serve 3 years.

Third District: Dr. O. B. Mayer, Newberry, re-elected, to serve 3 years.

Seventh District: Dr. F. M. Dwight, Sumter, to succeed Dr. S. C. Baker, elected president, and resigned as councilor. Elected to serve unexpired two years of Dr. Baker's term.

Executive Committee State Board of Health.

Seventh District: Dr. W. M. Lester, Columbia, to succeed Dr. C. F. Williams, elected state health officer, and resigned from Board of Health.

State Board of Medical Examiners: Second District: Dr. Harry H. Wyman, Aiken, re-elected.

Fourth District: Dr. H. L. Shaw, Fountain Inn.

Sixth District: Dr. J. A. Napier, Blenheim, re-elected.

At Large: Dr. Mary R. Baker, Columbia.

Delegates to American Medical Association: Dr. C. T. Wyche, Prosperity; Dr. Walter Cheyne, secretary, ex-officio. (Alternates appointed, Dr. R. S. Cathcart and Dr. W. C. Black).

Committee on Scientific Work: Dr. F. L. Potts, Spartanburg; Dr. J. T. Taylor, Adams Run; Dr. Walter Cheyne, secretary, ex-officio.

Committee on Public Policy and Legislation: Dr. LeGrand Guerry, Columbia; Dr. W. A. Boyd, Columbia; Dr. R. B. Epting, Greenwood.

New Standing Committees.

Dr. Cheyne called up for consideration his proposed amendment to provide for additional standing committees as follows: Committee on Necrology, three members; also, Committee on Prevention of Spread of Venereal Diseases, three members, with the president and secretary, ex-officio.

The proposed amendment of Dr. Cheyne was adopted.

The president made the appointments as follows:

Committee on Necrology: Dr. J. L. Gray,

Anderson; Dr. A. J. Jervey, Charleston; Dr. G. A. Bunch, Spartanburg.

Committee on Prevention of Venereal Diseases: Dr. T. P. Whaley, Charleston, chairman; Dr. C. W. Barron, Columbia; Dr. Davis Furman, Greenville.

Report of Committee on President's Address.

Dr. Burdell presented the report of this committee as follows: "The committee recommend that the president appoint a committee, consisting of one member from each county, which committee shall formulate plans for the organization of a South Carolina branch of the American Society of Sanitary and Moral Prophylaxis. Said Committee to report at the next annual meeting of this body.

"Respectfully submitted,

"Frank Lander,

"W. J. Burdell,

"C. B. Earle."

On motion the report of the committee was adopted.

President Guerry stated that the committee would be appointed later by President Baker.

(President Baker has placed this work in charge of the standing committee on Prevention of Venereal Disease, with the request that they call in all needed assistants from the counties).

Report of Delegate to American Medical Association.

The secretary presented Dr. Hamilton's report, which was ordered printed as follows:

Mr. President and Gentlemen of the House of Delegates of the Medical Society of South Carolina:

As your delegate, I attended the fifty-eighth annual session of the American Medical Association held at Atlantic City, on June 3-7, 1907. I was present at every roll-call of the House of Delegates. I assure you I appreciate to the fullest extent the high honor of representing the medical profession of South Carolina in this, the greatest organization of scientific men in the world, and I endeavored to do my full duty.

President Mayo's address in opening the session was short and to the point, and contained many valuable suggestions for the guidance of the House. He expressed his high admiration for the work done by our great general secretary and editor, Dr. Geo. H. Simmons. He thinks the Journal of which he is the guiding spirit is the greatest medical periodical the world has ever known, having a circulation of something over fifty thousand, complimenting also the great work done by the efficient chairman of the committee on organization, Dr. J. N. McCormack, calling the attention also of the

Committee on Medical Education to the vital importance of their work; for the future of the medical profession lies in the training and character of the young men who go to fill up its ranks.

The committee that had the insurance matter in charge reported their failure to make any satisfactory arrangements with the insurance companies that had combined against us, but since that meeting they have come across, so to speak, and we have won the proudest victory over the greatest combination of capital ever arrayed against a poor, but honest profession.

The Committee on Organization made a very earnest appeal to the state societies to hold their meetings in the fall of the year, so as not to conflict with the meeting of the A. M. A. in the spring, and to give the appointed delegates ample time to study up on questions affecting the profession as a whole; for the work of the House of Delegates is purely legislative, and the questions coming before that body should be studied by committees appointed beforehand.

The Committee on Medical Legislation and Political Action, of which your delegate was a member, in their report to the House made a strong appeal to the physicians to become candidates for legislative honors, both in state and national politics, holding up as examples the triumph of French physicians along these lines, portraying the great good that would come to the profession by so doing. They also urged the restoration of the army canteen, for it was the unanimous opinion of the medical representatives of the United States army present, that drunkenness, debauchery and venereal diseases, had greatly increased since its abolition, but by the ejection of a great deal of hot air by the pseudo-moralists, this recommendation was eliminated from the report.

President Bryant presided over the House in a most able, impartial and distinguished manner.

Gentlemen, in conclusion, let me urge you when you go back to your homes, to build up your county societies, for on these hang "the law and the profits." Then the state medicals and the A. M. A. can take care of themselves. Every reputable doctor in the United States should belong to his county society. When we reach this stage of perfect organization we will indeed be a power for good in the land. I thank you for your attention.—J. H. Hamilton, M. D.

Place of Meeting for 1909.

Invitations were received as follows:

Orangeburg, extended by Dr. D. D. Salley, Orangeburg; Charleston, invitation extended by Dr. Sosnowski, Charleston; Laurens, invitation extended by Dr. Culberson, of Owings; Summerville, invitation extended by Dr. Carroll, Summerville.

Dr. Sosnowski stated that the Charleston society would be glad to have the meeting

in Charleston, but in view of the invitation from Summerville, he was authorized to say that if Summerville was selected, the Charleston society would heartily welcome the Association to its neighborhood.

On a vote taken, the Association selected Summerville as the next place of meeting.

On motion the House of Delegates adjourned to meet in Summerville on the third Wednesday in April, 1909.

(The minutes of the scientific sessions will be printed in the June issue of the Journal.—Ed.)

ADDENDA.

After adjournment it was found that Dr. C. T. Wyche was ineligible to serve as delegate to the American Medical Association, because he was a few months short of two years membership in the A. M. A. Dr. R. S. Cathcart, of Charleston, was appointed by the president to serve in his place. Alternates appointed are Drs. T. P. Whaley, of Charleston, and Dr. W. C. Black, of Greenville.

Dr. Mary Baker Resigns.

The resignation of Dr. Mary R. Baker, of Columbia, as a member of the Board of Medical Examiners was received by President S. C. Baker, and accepted.—Walter Cheyne, M. D., Sec'y.

Report of Councillor, 1st District.

(The following was received by the Journal too late for insertion in its proper order. Ed.)

I beg to submit the following report. Of the counties in this district, I have visited Charleston, Colleton and Dorchester this year and find their societies alive, prosperous and active. The Hampton Society is reported by the secretary as not doing well owing to lack of interest, and in Beaufort the number of physicians is so small, and they are so scattered, that it is difficult to arouse and maintain any enthusiasm.

I have examined the treasurer's books for the Council and find them correct and well kept.

My term of office expires this year and I wish to say that the distances in the first district make visits very onerous, and that while confessing many short-comings during my term, I feel that I have devoted a great deal of time to the duties of the office, with fair success. Respectfully,

EDWARD F. PARKER,
Councillor 1st District.

News and Miscellany

THE A. M. A. MEETING.

The Fifty-ninth Annual Session of the American Medical Association will be held on Tuesday, Wednesday, Thursday and Friday, June 2, 3, 4 and 5, 1908, at Chicago.

The House of Delegates will convene at 10 a. m., on Monday, June 1, 1908.

The first general meeting, which constitutes the opening exercises of the scientific functions of the Association, will be held at 10:30 a. m., Tuesday, June 2.

The Registration Department will be open from 8:30 a. m., until 5 p. m., on Monday, Tuesday, Wednesday and Thursday, June 1, 2, 3 and 4, and from 9 to 10 a. m., on Friday, June 5.

There will be numerous alumni reunions, representing a large number of medical colleges all over the country. Tuesday evening, June 2d, has been set apart for this purpose. The general alumni headquarters will be the main parlor of the second floor of the Auditorium Hotel, at Michigan avenue and Congress street. Owing to lack of space we have found it impossible to print the notices which have been sent us of all of these meetings.

A number of famous foreigners will be in Chicago during the meeting, and a series of clinics has been arranged which will be of very great interest and value. The various sections will meet in centrally located halls, churches, and theaters.

The social side has not been forgotten, and there will be many entertainments and excursions provided for the attending members and their guests and families.

SURGEONS OF SOUTHERN RAILWAY.

The thirteenth annual meeting of the Association of Surgeons of the Southern Railway was held in Birmingham, Ala., April 28-30. More than two hundred members registered at the meeting, which was one of the most successful ever held. The scientific sessions were very largely attended, and the social features, under the management of Surgeon-Oculist Geo. H. Stubbs, of Birmingham, were very much enjoyed by the members and their wives and daughters. The meeting was presided over by Surgeon H. T. A. Lemon, of Washington, D. C., and the ge-

nial and popular chief surgeon, Dr. W. A. Applegate, of Washington, was everywhere in evidence. Among the South Carolina surgeons registered were: Geo. R. Dean, Spartanburg; F. J. Carroll, Summerville; G. P. Neel, Greenwood; C. B. Earle, and J. W. Jervey, Greenville; W. P. Timmerman, Batesburg; J. B. Johnston, St. George; J. H. Hamilton, Union; W. G. White, Yorkville, and S. B. Crawley, Gaffney.

STATE HEALTH OFFICER.

Dr. C. F. Williams, of Columbia, having been elected state health officer, has resigned his position as city physician of that city.

Dr. Williams' election is gratifying to his friends throughout the state. Originally from York, Dr. Williams served with the United States army in the Philippines as contract surgeon, before locating in Columbia several years ago. He has been secretary of the State Board of Health, besides acting as city physician. He recently resigned his secretaryship on the State Board of Health, which body was charged with the duty of electing the state health officer.

Dr. Williams' new position pays \$2,500. Its duties are of the greatest importance, as the health officer practically has under his care the sanitary and health conditions in all portions of the state, with large powers. In case of epidemic his duties would be arduous, indeed. Dr. Williams will continue to reside in Columbia. He has a beautiful home on Sumter street.

SOUTH CAROLINA PRACTICE ACT AMENDED.

(From the Journal A. M. A.)

The South Carolina Legislature has passed the amendment to the medical practice act asked for by the South Carolina Medical Association. The amendment authorizes the State Board of Medical Examiners to revoke licenses when just cause is shown. The "five year clause" in the old law, exempting physicians who have been engaged in practice for five years, has been eliminated. Osteopaths are required to qualify before the State Board of Medical Examiners, under the same conditions as any other persons who wish to treat the sick, except that they are exempt from examination in materia medica, therapeutics and major surgery. These changes greatly strengthen the medical practice act of the state. The significant fea-

ture is that exactly the same bill was introduced a year ago and failed of passage, although the personnel of the legislature of 1907 was practically identical with that of the legislature of 1908. Commenting on these facts the Journal of the South Carolina Medical Association says: "A great transformation has taken place in the attitude of the legislators in regard to medical legislation. . . . For many years this legislation has been urged. The profession has begged and pleaded for its enactment, but until now to no avail. . . . To whom but the recognized profession can the statesman turn for aid in the solution of problems affecting the public health? . . . Our legislature has had the wisdom to recognize this truth, and in a spirit of far-seeing and broad-minded patriotism it has deferred to our medical profession for its judgment on these momentous questions and in so doing it has wrought even better than it knows, and has earned the gratitude of every citizen from the greatest to the humblest." The physicians of South Carolina are to be congratulated on the results achieved, and especially on the closer relationship which now exists between the medical profession and the representatives of the people—the legislature. This united action of the profession, combined with the cooperation of an enlightened public, gives promise of better conditions in the future in public health affairs.

MEDICAL COLLEGE COMMENCEMENT.

The seventy-ninth annual session of the Medical College of the State of South Carolina was formally closed April 29th, at the commencement exercises held at the Academy of Music in Charleston. Before a crowded house seventeen young doctors and eighteen young pharmacists received their diplomas in official recognition of their faithful work as students,

J. Fassin Green, of Sumter County, the first honor graduate in medicine, received the cup, annually presented by the College to the man who attains the highest distinction in his classes for the four years of study. L. George Melfi, of Charleston, was the recipient of the College medal, a prize annually awarded to the first honor man in the pharmaceutical branch, and he was also presented with the prize offered for the best work in practical pharmacy by the Pharmaceutical Association of the State of South Carolina.

Richard M. Pollitzer, of Charleston, was awarded the prize offered by Dr. Robert Wilson to the graduating class for the best work in clinical medicine.

Dr. Edward F. Parker, dean of the faculty, gracefully presided over the exercises and in a short address officially opened the ceremonies of the evening.

The following candidates were presented in alphabetical order and the degree of M. D. was conferred upon each in turn by the Hon. Theodore G. Barker, president of the board of trustees:

William Roan Barron, Manning, S. C.
 John Newton Campbell, Columbia, S. C.
 Harlie Staford Feagin, Harper's, S. C.
 William Baker Furman, Charleston, S. C.
 E. Fossin Green, Charleston, S. C.
 Thomas Wilkin Gunter, Jr., New Brookland, S. C.
 Mark Boyd Herlong, Mayo, Fla.
 Abraham Willis Hudson, Ruffin, S. C.
 Edward Theron Kelley, Darlington, S. C.
 Charles James Lemmon, Elliot, S. C.
 George Fleming McInnes, Charleston, S. C.
 Mathew Singleton Moore, Sumter, S. C.
 Oscar W. Nettles, Foreston, S. C.
 Richard M. Pollitzer, Charleston, S. C.
 Thomas Herbert Powe, Newberry, S. C.
 Joseph Sumter Rhame, Jr., Camden, S. C.
 Edward J. Rogers, Ninety-Six, S. C.

In order of merit: These are entitled to nomination as internes at the Roper Hospital, subject to the confirmation of the board of commissioners.:

1. E. Fossin Green, College Cup.
2. Richard M. Pollitzer.
3. Edward J. Rogers.
4. Charles J. Lemmon.
5. Joseph Sumter Rhame, Jr.
6. Mark Boyd Herling.
7. Oscar W. Nettles.
8. William Roan Barron.
9. Harlie Staford Feagin.

The College is the recipient of a handsome cup from Dr. Frank Lander, of Chester, S. C., a talented and enthusiastic alumnus, "to be held during the senior year by the student who ranks first in the department of pediatrics. His name and the year is to be engraved upon the plain side and the cup is to be known as the "Francis Matthews Lander Memorial Cup."

Drs. A. H. Wilson, W. H. Poston and D. N. Matthews are reported as of equal merit, this result being announced before the gift was received.

School of Pharmacy.

Eighteen candidates then received the degree of Graduate of Pharmacy, the first six in order of merit, being as follows:

1. L. G. Melfi, College Medal.
2. C. Foster Butler.
3. Reid Walker Bethea.
4. Joseph Vincent Murphy.
5. Albert Edward Butler.
6. Cecil Browning Ray.

Presentation of Cup.

Dr. A. Johnston Buist, professor of chemical and minor surgery, presented the cup to Dr. J. Fassin Green in a short and eloquent address.

Presentation of College Medal.

Dr. W. H. Zeigler, professor of botany and practical pharmacy, presented Dr. Melfi with the medal for the first honor graduate in pharmacy.

Valedictory Address.

Dr. William R. Barron delivered the valedictory address for the medical class; and Dr. Albert E. Butler for that of the pharmacy department.

Hon. George S. Legare.

The feature of the exercises of the evening was the address delivered by the Hon. George S. Legare, the popular Representative of Charleston interests in the House. Mr. Legare made a most interesting address in his characteristic style, adding zest and keen enjoyment by the excellence of his jokes.

The benediction was then delivered by the Rev. Waddy T. Duncan, and the exercises closed.

ALUMNI ASSOCIATION MEETS.

The annual meeting of the Alumni Association of the Medical College of the State of South Carolina, was held April 29th, at the Commercial Club, in Charleston, after the commencement exercises.

The usual routine of business was transacted and the officers for the ensuing year elected.

Officers: President, W. H. Ziegler, Ph. G., Charleston; first vice-president, H. W. DeSaussure, M. D., Charleston; second vice-president, St. Julian Carroll, M. D., Summerville; third vice-president, J. M. Cymmes, Ph. G., Darlington; fourth vice-president, R. W. Gibbs, M. D., Columbia; secretary and treasurer, C. Bunting Colson, M. D., Charleston.

Executive Committee—Jos. B. Hyde, Jr., Ph. G., chairman; A. R. Taft, M. D., J. C. Sosnowski, M. D., G. McF. Mood, M. D., S. A. Devineau, Ph. G., A. Johnston Buist, M. D., J. H. Frierson, Ph. G.

The newly graduated doctors and pharmacists were all unanimously elected members of the Association. The meeting then adjourned to partake of the annual banquet.

Personal

Dr. R. P. Ransom, of Williamston, is spending some time at his old home in Georgia.

Dr. J. W. Parker, formerly of Smithville, has located in Williamston to practice.

Dr. J. B. Black, of Bamberg, has announced his candidacy for re-election to the state senate.

Dr. E. J. Wannamaker, of Columbia, has been compelled on account of his health to resign his position as college physician to the Columbia Female College and the South Carolina University.

Dr. Bruce Guignard, of Columbia, a well-known lady practitioner, has been appointed physician to the Columbia Female College.

Dr. I. Schayer, of Laurens, who recently sustained painful injuries in an automobile accident, has recovered, but will use a walking cane for a while.

Dr. F. Julian Carroll, of Summerville, is a good example of the successful practitioner who takes an interest in politics. He has been mayor of his progressive little city, and is now chairman of the Dorchester County Democratic Club. He is now, also, editor of the Summerville News, a weekly newspaper of wide political influence.

Dr. W. C. Kollock, of Charleston, gave a lecture on April 30th, in that city, on "School Hygiene," for the benefit of parents and teachers. The meeting was presided over by Dr. Robert Wilson, Jr., and was largely attended.

Dr. John G. Pittman, formerly of Chattanooga, has located for practice in Gaffney.

Dr. S. B. Sherard, formerly of Iva, S. C., has located in Gaffney for the practice of medicine and surgery.

Dr. J. W. Babcock, of Columbia, who recently resigned from the waterworks commission of that city after rendering notable service, will tour Europe this summer in company with Senator and Mrs. B. R. Tillman. While in Italy Dr. Babcock will make a special study of "pellagra," of which disease he was the first to make a diagnosis in this part of the world.

Drs. F. E. Harrison and G. A. Neuffer, of Abbeville, attended the Bankers' convention in Columbia in April.

Dr. Manney M. Rice has been elected city physician of Columbia, taking the place of Dr. C. F. Williams, who was elected state health officer.

Dr. Charles M. Rees, of Charleston, has been elected consulting surgeon to the new Anderson Hospital.

Dr. Julius H. Taylor, of Columbia, has been appointed by Governor Ansel as a member of the board of school commissioners of that city.

Drs. J. W. Jervey and Davis Furman, of Greenville, will sail for Europe the first week in June to visit the chief foreign clinics during the summer.

Obituary

E. C. WIDEMAN, M. D.

Dr. E. C. Wideman, formerly of Pelzer, died at a sanitarium in Asheville, N. C., April 29th, of paralysis. Dr. Wideman was stricken over a year ago and was on his road to recovery when he was taken with a relapse one afternoon while out riding, and was taken to the hospital in Asheville, where the end came.

THOMAS W. WEIR, M. D.

Dr. Thomas W. Weir, one of the best known and best loved men in Laurens county, died at his home near Duncan's Creek April 25th. He was seventy-eight years old, and the immediate cause of his death was heart failure, which followed a slow decline. He was a physician of the old school, and the son of a physician.

THOS. HENRY ABBOTT, SR., M. D.

Dr. Thomas Henry Abbott, Sr., who has been forty years identified with the people and interest of St. George, died May 4th at his home on Church street, after a lingering illness in the seventy-sixth year of his age. He was a citizen and physician of prominence and always took an active part in all matters pertaining to the welfare of the town and country. He was a veteran of the civil war.

Dr. John B. Murphy has resigned as Professor of Surgery and co-head of the Department in Rush Medical College and has accepted the Professorship of surgery and head of the department in Northwestern University Medical School and position of attending surgeon at Mercy Hospital.

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Antiphlogistine
(Inflammation's
Antidote)

THE resisting power of the body against disease is relative to the opsonic value of the blood and the severity of a localized disease process depends largely upon the retardation of the flow of the blood to that part.

The phagocytes may gather, but unless they receive the full amount of the normal flow with its opsonins, resisting power is lost and suppuration takes place. We must either increase the opsonic index of the blood so that the small amount flowing through the infected part may be of normal opsonic value, or, what is simpler and as effective, dilate the blood-vessels and let the blood, with nature's own method of combating disease, circulate through the area desired.

Heat dilates the blood-vessels, but to be effective it must extend to the periphery of the infected area, when it will not cause suppuration by increasing the bacteria. An anti-septic poultice is the best method of conveying heat. There is but one method of poulticing which commends itself to thinking physicians, and that is with the antiseptic, hygroscopic, plastic dressing—

Antiphlogistine
(Inflammation's Antidote)

List of Members

Of the South Carolina Medical Association

A new list of membership is published this month. It has taken nearly 300 letters to get this list and the Card Index system in the Secretary's office is still imperfect. I beg the county secretaries to send me the cards of their members. If in the transfer of the office of county secretary, the box of cards has not been given the new secretary let him write to me and I will order a new one for his county at the cost of \$1.00.—Walter Cheyne, M. D., Sec'y S. C. Med. Assn.

(This list is furnished by the Secretary of the State Association and is printed at his request. As he says, it is imperfect and incomplete, and the membership of the various county societies must bear in mind that their own county secretaries are largely, if not wholly responsible for these errors and omissions. The list is printed exactly as furnished to the Journal, with the exception of possible typographical errors, between the typewriter and compositor.—Editor Journal.)

ABBEVILLE.

(Secretary, C. C. Gambrell, Abbeville).

J. A. Anderson	Antreville
J. R. Bell	Due West
P. K. Black	Mt. Carmel
J. B. Britt	Troy
B. H. Carlton	Donalds
J.M. Carlton	Mt. Carmel
C. C. Gambrell	Abbeville
F. E. Harrison	Abbeville
J. C. Hill	Abbeville
L. T. Hill	Abbeville
J. W. Keller	Abbeville
T. O. Kirkpatrick	Lowndesville
D. S. Knox	Antreville
W. E. Link	Willington
G. A. Neuffer	Abbeville
J. N. Tate	Calhoun Falls
J. W. Wideman	Due West
J. D. Wilson	Lowndesville

AIKEN

Aiken County Medical Society.

Secretary, Harry H. Wyman, Aiken.

L. F. Bonner	Blackville
J. N. Crafton	Colliers
T. G. Croft	Aiken
H. T. Hall	Aiken
A. Holsonbake	Graniteville
C. F. McGahan	Aiken
J. B. McMillan	Graniteville
Fillmore Moore	Montmorenci
W. H. Moore	Kathwood
Valentine Motte	Aiken
E. L. Patterson	Barnwell
A. B. Patterson	Barnwell
Theo A. Quattlebaum	Graniteville
W. E. Shellhouse	Leesville
C. A. Teague	Leesville

H. H. Towne	Box 14, R. F. D., North Augusta
W. C. R. Turnbull	Langley
A. A. Walden	North Augusta
W. A. Whitlock	Kitchings Mill
W. D. Wright	Langley
B. F. Wyman	Aiken
H. H. Wyman, Sr.	Aiken
J. F. Wyman	Aiken
H. Hastings Wyman, Jr.	Aiken
Harry H. Wyman	Aiken

ANDERSON.

Anderson County Medical Association.

Secretary, J. R. Young, Anderson.

W. Frank Ashmore	Anderson
W. C. Bowen	Belton
Ben Brown	Williamston
Iber J. Burriss	Starr, R. F. D.
A. W. Cox	Pendleton
R. A. Day	Pendleton
J. P. Duckworth	Anderson, R. F. D. No. 2.
J. L. Gray	Anderson
J. C. Harris	Anderson
W. R. Haynie	Belton
S. R. Heller	Anderson
B. A. Henry	Anderson
J. M. Holcomb	Belton
W. S. Hutchinson	Anderson, R. F. D. No. 2.
J. H. Land	Starr
W. H. Nardin, Sr.	Anderson
W. H. Nardin, Jr.	Anderson
S. M. Orr	Anderson
S. W. Page	Anderson
J. W. Payne	Honea Path
W. H. Pepper	Anderson, R. F. D. No. 4.
R. P. Ransom	Williamston
J. M. Richardson	Anderson
J. O. Sanders	Anderson
R. L. Sanders	Anderson
Baskin Sherard	Iva
M. W. Strickland	Pelzer
M. A. Thompson	Anderson
J. B. Townsend	Anderson
W. W. Watkins	Pendleton
J. E. Watson	Iva
E. C. Wideman	Pelzer
J. O. Wilhite	Anderson
W. W. Wilson	Williamston
R. G. Witherspoon	Anderson, R. F. D. No. 5.
J. R. Young	Anderson

BAMBERG.

(Bamberg County Medical Society).

Secretary, J. J. Cleckley, Bamberg.

Not revised 1908.

J. B. Black	Bamberg
R. Black	Bamberg
H. W. Brabham	Bamberg
H. M. Brabham	Bamberg
J. J. Cleckley	Bamberg
J. T. Coleman	Bamberg
J. L. Copeland	Bamberg
H. P. Hoover	Bamberg
C. E. McKinsey	Bamberg
E. Kirkland	Bamberg
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BARNWELL.

(Barnwell County Medical Society).

Secretary ?

Not Revised 1908.

S. R. HicksonKline
D. K. Briggs	.....Blackville
R. C. Kirkland	.....Barnwell
J. A. McCreary	.....Williston
A. B. Patterson	.....Barnwell
E. L. Patterson	.....Barnwell
W. C. Smith	.....Williston

BEAUFORT.

(Beaufort County Medical Society).

Secretary, M. B. Cope, Port Royal.

Not Revised 1908.

M. B. Cope	.....Port Royal
M. C. Elliot	.....Beaufort
W. R. Eve	.....Beaufort
C. M. Griffin	.....Beaufort
H. M. Stuart	.....Beaufort
S. B. Thompson	.....Port Royal
J. A. Whitman	.....Beaufort

CHARLESTON.

(Charleston County Medical Society).

Secretary, A. J. Jervey, Charleston.

C. P. Aimar	.....Charleston
Rowland Alston	.....Charleston
A. E. Baker	.....Charleston
J. A. Ball	.....Charleston
L. D. Barbot	.....Charleston
E. H. Barnwell	.....Charleston
E. M. Boykin	.....Charleston
A. J. Buist	.....Charleston
J. W. Burns	.....Charleston
R. S. Cathcart	.....Charleston
W. P. Cornell	.....Charleston
J. L. Dawson	.....Charleston
Thos. Duncan	.....Charleston
J. Frampton	.....Mt. Pleasant
J. M. Green	.....Charleston
A. H. Hayden	.....Summerville
B. W. Hunter	.....Charleston
H. P. Jackson	.....Charleston
A. J. Jervey	.....Charleston
E. L. Jagar	.....Charleston
W. H. Johnson	.....Charleston
R. S. Kirk	.....Charleston
C. W. Kollock	.....Charleston
L. Lynah	.....Charleston
Jos. Maybank	.....Charleston
M. K. Mazyck	.....Charleston
Allard Memminger	.....Charleston
J. C. Mitchell	.....Charleston
G. McF. Mood	.....Charleston
Lane Mullally	.....Charleston
W. C. O'Driscoll	.....Charleston
E. F. Parker	.....Charleston
Kivy Pearlstine	.....Charleston
W. P. Porcher	.....Charleston
C. M. Rees	.....Charleston
T. W. Reynolds	.....Charleston
Edw. Rutledge	.....Charleston
T. M. Scharlock	.....Charleston
C. H. SchroederCharleston
J. C. SosnowskiCharleston

C. A. SpeisseggerCharleston
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W. AndersonBlacksburg
B. R. BrownGaffney
I. B. CrawleyGaffney
J. T. DarwinGaffney
S. J. GriffithGaffney
C. A. JeffriesGaffney
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R. F. McKownCherokee Falls
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W. J. W. Cornwell (Hon.)Cornwell
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F. M. DurhamBlackstocks
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W. J. PerryChesterfield
J. M. RollingsHornesboro
F. E. WannamakerCheraw

CLARENDON.

(Clarendon County Medical Society).

Secretary, Chas. R. Geiger, Manning.

W. M. BrockingtonManning
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South Carolina Medical Association

Next Annual Meeting at Summerville, S. C., April 14, 1909.

House of Delegates Convenes April 13, at 2 p. m.

District No. 1: Charleston, Berkeley, Dorchester, Colleton, Hampton and Beaufort. Councilor, J. T. Taylor, M. D., Adams' Run, S. C.

District No. 2: Orangeburg, Bamberg, Barnwell, Lexington and Aiken. Councilor, T. G. Croft, M. D., Aiken, S. C.

District No. 3: Edgefield, Saluda, Newberry, Greenwood and Laurens. Councilor, O. B. Mayer, M. D., Newberry, S. C., Ch'm of Board.

District No. 4: Anderson, Oconee, Pickens, Greenville, Spartanburg and Union. Councilor, H. R. Black, M. D., Spartanburg, S. C.

District No. 5: Cherokee, York, Chester, Fairfield, Lancaster and Kershaw. Councilor, W. B. Cox, M. D., Chester, S. C.

District No. 6: Chesterfield, Darlington, Florence, Marlboro, Marion and Horry. Councilor, F. H. McLeod, M. D., Florence, S. C.

District No. 7: Richland, Sumter, Clarendon, Williamsburg, Georgetown and Lee. Councilor, F. M. Dwight, M. D., Sumter, S. C.

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3rd Vice-Pres., A. T. Baird, M. D., Darlington.

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TABLE OF COUNTY SOCIETIES AND OFFICERS.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society.	President.	Secretary	Time of Meeting.
Abbeville.....	J. W. Wideman.....	C. C. Gambrell, Abbeville...	Semi-Mo., 1st and 3rd Mon Monthly, 1st Monday.
Anderson.....	W. H. Nardin, Jr.....	J. R. Young, Anderson.....	
Aiken.....	A. Holsonback.....	Harry H. Wyman, Aiken ..	
Bamberg .....	.....	J. J. Cleckley, Bamberg....
Barnwell.....	A. B. Patterson	L. F. Bonner, Blackville...	Semi-Mo., 1st and 15th.
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal....	
Charleston....	John L. Dawson....	A. J. Jervy, Charleston...	
Cherokee.....	.....	B. L. Allen, Gaffney.....
Chester.....	W. DeK. Wylie	W. B. Cox, Chester	Monthly, 1st Monday. Quarterly.
Clarendon....	A. S. Todd.....	C. B. Geiger, Manning.....	
Chesterfield..	T. E. Lucas.....	J. W. McCanless, Chesterfel	Monthly.
Colleton.....	W. A. Kirby.....	L. M. Stokes, Walterboro...	
Darlington....	J. F. Watson.....	J. C. Lawson, Darlington...	Monthly, 1st Monday
Dorchester....	J. P. Mellard	E. W. Simons, Summerville	
Edgefield.....	J. G. Edwards, Edgefield...	Quarterly.
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro.	
Florence.....	A. G. Eaddy.....	W. E. Mills, Timmons ville..	Monthly, 1st Friday. Monthly, 1st Monday. Monthly, 1st.
Georgetown...	Olin Sawyer	W. M. Gaillard, Georgetown	
Greenville....	J. W. Jervy.....	W. M. Burnett, Greenville..	
Greenwood....	W. P. Barratt	J. B. Hughey, Greenwood..	Monthly, 2d Monday.
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	
Horry.....	H. H. Burroughs...	J. A. Norton, Conway.....	Bi-Monthly, last Monday. Monthly, 1st Tuesday. Quarterly.
Kershaw.....	W. J. Dunn.....	A. W. Burnet, Camden.....	
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	Monthly, 3rd Tuesday. Monthly, 2nd Wednesday. Every 2nd Monday night.
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.	
Lexington....	J. W. Geiger.....	J. J. Wingard, Lexington...	
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork....	
Marlboro....	J. H. Reese.....	J. C. Moore, McColl.....	Monthly, last Friday. Monthly, 1st Thursday.
Newberry.....	P. G. Ellis.....	W. E. Pelham, Jr., Newberry	
Oconee.....	D. L. Smith.....	H. E. Rosser, Westminster .	Monthly, 1st Thursday.
Orangeburg...	W. L. Pou.....	L. C. Shecut, Orangeburg...	
Pickens.....	D. B. Gilliland.....	H. E. Russell, Easley.....	Monthly, last Friday.
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia..	
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	Monthly, 1st Thursday.
Spartanburg...	J. L. Jefferies.....	W. G. Sexton, Spartanburg.	
Sumter.....	H. M. Stuckey	F. K. Holman, Sumter.....	Monthly.
Union.....	.....	S. G. Sarratt, Union.....
Williamsburg..	W. S. Lynch	J. B. DuRant, Lake City ..	Bi-Monthly.
York.....	J. H. Saye.....	E. W. Pressley, Clover.....	

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 E. M. CarsonManning
 T. J. DavisSummerton
 G. L. DicksonManning
 C. E. GambleTurbeville
 Chas. R. GeigerManning
 W. R. MoodSummerton
 L. W. NettlesForeston
 L. C. StukesSummerton
 A. S. ToddManning
 H. L. WilsonJordan
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 I. M. WoodsSardinia

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 Riddick AckermanWalterboro
 Chas. H. Es'DornWalterboro
 Theodore G. KershawMeggetts
 W. A. KirbyCottageville
 J. T. TaylorAdam's Run
 B. G. WillisCottageville

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(Darlington County Medical Society).

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Not Revised 1908.

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 S. BeckhamHartsville
 C. B. EdwardsDarlington
 W. A. CarriganSociety Hill
 Wm. EglestonHartsville
 S. D. HarrellLamar, R. F. D. No. 1.
 T. E. HowleHartsville
 C. C. HillLumber
 A. M. HillDarlington
 J. C. LawsonDarlington
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 J. L. PoweHartsville
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 R. C. HannahamWinnsboro
 C. JeterSantuc
 M. LangfordBlythwood
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 C. S. Pixley

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Not Revised 1908.

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 C. A. FosterTimmons ville
 B. G. GreggFlorence
 N. W. HicksFlorence
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The Roper Hospital Polyclinic Medical School

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For further particulars address:

CHAS. P. AIMAR, M. D.,
President Faculty,

WM. P. CORNELL, M. D.,
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4 Vanderhorst Street,

217 Rutledge Avenue,

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C. B. Edwards	Darlington
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Wm. Egleston	Hartsville
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M. Langford	Blythewood
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Secretary, J. G. McMaster, Florence.

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Jas. Evans	Florence
C. A. Foster	Timmons ville
B. G. Gregg	Florence
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J. W. FloydGreen Sea
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J. A. NortonConway
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E. A. StalveyStalvey
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W. J. BurdellLugoff
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W. J. DunnCamden
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These Handsome Collections of Medical Books
to Their Libraries?

As an immediate incentive for the increase of energy and activity on the part of the Secretaries of the various County Medical Societies in this State, THE JOURNAL is arranging for a series of prizes to be given away at the end of the fiscal year—December, 1908.

THE SECRETARY IS THE MAN WHO CAN MAKE OR MAR THE
SOCIETY!

GOOD SECRETARY—GOOD SOCIETY; INDIFFERENT SECRETARY—BUM SOCIETY!

We want to see the Secretaries awake and active, because their activity means the success of the County Society; and the more successful are the County Societies, the bigger and better will be the State Association.

HENCE THIS OFFER.

There are perhaps 300 eligible doctors in South Carolina who are not yet members of their County Societies. Every single one of them should be SYSTEMATICALLY and REPEATEDLY solicited by the Secretary of the Society in the county in which he lives. NOT ONE OUT OF TWENTY of them will refuse to join if properly approached and kept reminded of the advantages of the organization.

HERE ARE THE FOUR PRIZE OFFERS.

1. One collection of these valuable books will be given to the County Medical Society Secretaries in this State who can report, for the fiscal year 1908 (that is from January 1, to December 31, 1908) the largest percentage of increase in his County Society membership.

2. Another medical collection will be given to that Secretary who reports the largest actual net gain in membership for his County Society during the year.

3. A third collection of up-to-date medical works will be given to that Secretary who reports for the year the largest average attendance on regular meetings of the Society in proportion to the total membership of the Society.

4. Still another handsome collection of recent classical medical works will be given to that Secretary who, during the year, outlines the best plan for increasing and maintaining the interest and membership of the County Medical Society. This plan must be gotten up in typewritten form and may be submitted to the Editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal, and shall be confined, if possible, to not more than five hundred words.

The awarding of these prizes will be in the hands of the Board of Councilors of the Association, and the Editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

Through the courtesy of the publishers, Messrs. J. B. Lippincott Company, of Philadelphia, we have already in hand for part of the above prizes, PERSOL'S ANATOMY, and INTERNATIONAL CLINICS, Series XVII. Volumes I to IV. Another prize will be a full set of Modern Clinical Medicine, published by D. Appleton & Co.

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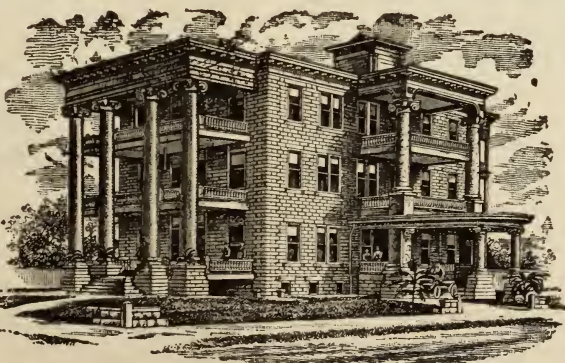
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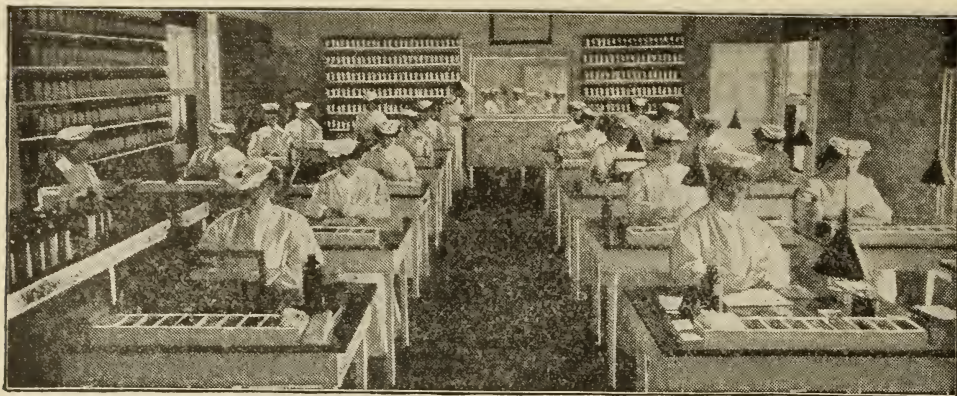
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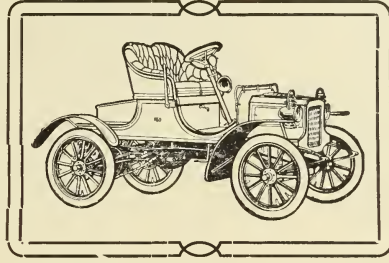
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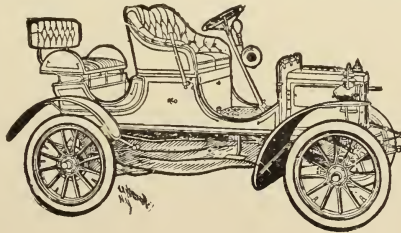
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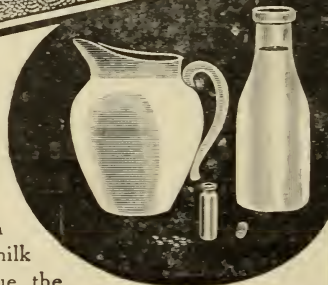
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The Journal OF THE South Carolina Medical Association



Volume IV.

Greenville, S. C., June, 1908

Number 6

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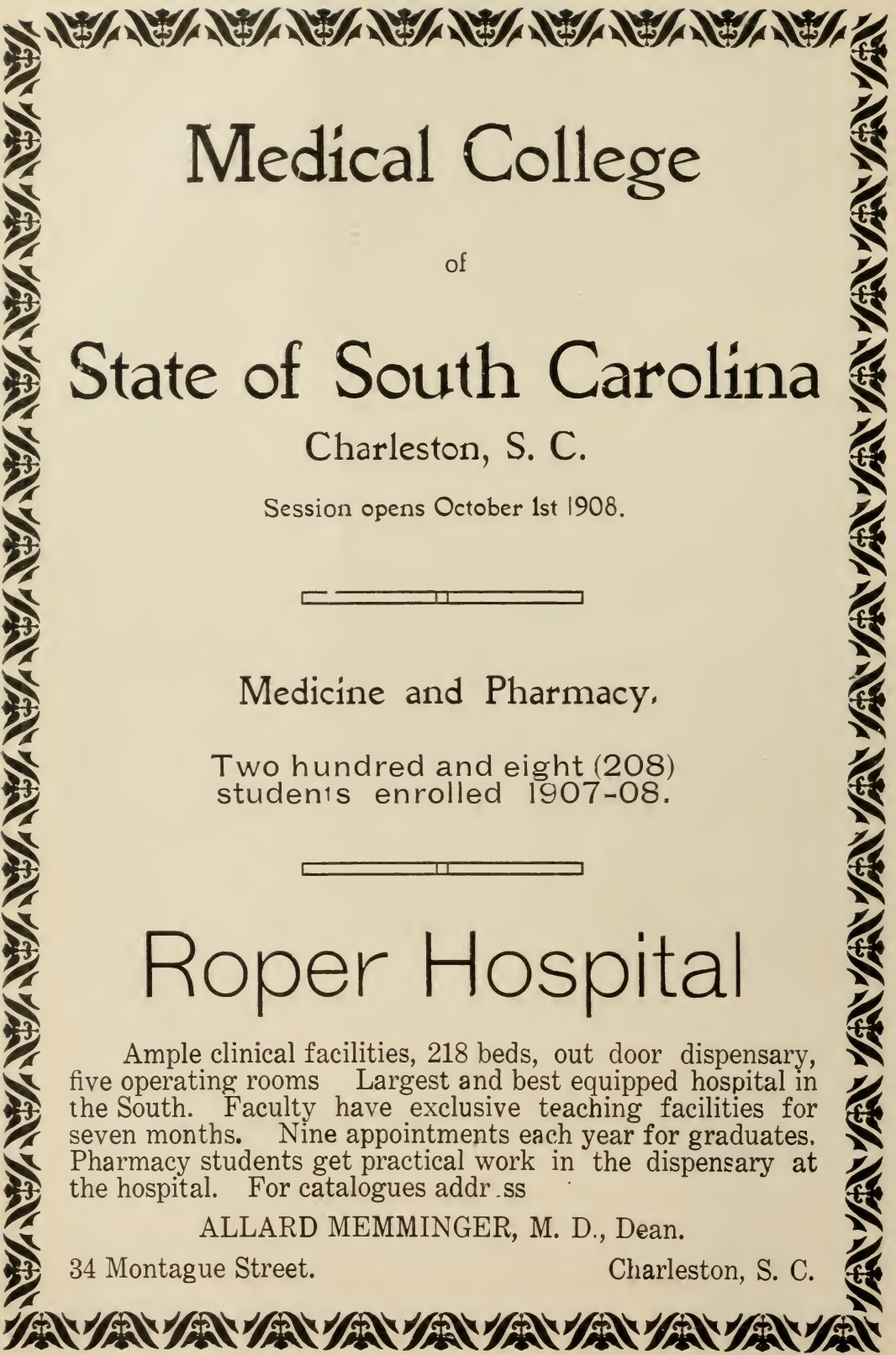
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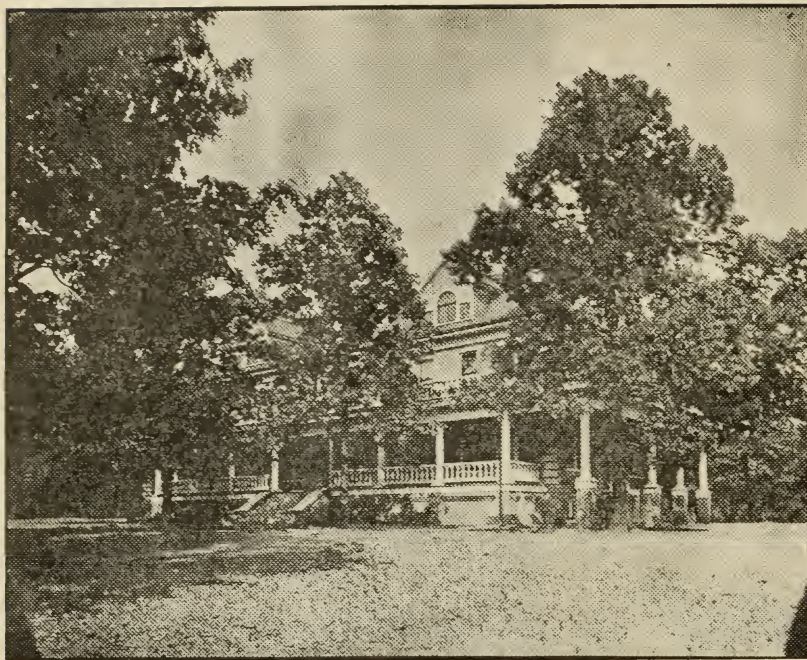


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SPARTANBURG, S. C.

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J. W. JERVEY, M. D., EDITOR

No. 6

JUNE, 1908

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J. R. McGHEE, Business Manager, Greenville, S. C.

Editorial

SIDELIGHTS ON MEDICAL JOURNAL BUSINESS ETHICS.

The following correspondence between Dr. C. F. Taylor, of Philadelphia, president of the American Medical Editors' Association, and the editor of this Journal, is self-explanatory, and we print it because it is interesting for two reasons, viz: first, it is a live illustration of the wincing of the galled jade of commercial medical journalism; and second, it will serve admirably to make clear our position in the minds of some who may honestly think our methods need justification.

We have resigned from the American Medical Editors' Association for the reasons which will appear below. The vast majority of reputable physicians in South Carolina belong to our State organization, and its aims and motives are pure and high, beyond the reach of the frantic whines and attempted misrepresentations of commercialism. Nevertheless, it and its sister organizations have been gratuitously attacked by the American Medical Editors'

Association through its president and, for ourselves, we prefer to keep company with the organization. Hence our withdrawal from the company of the commercial editors.

The correspondence opens with a paragraph of a purely gratuitous nature concluding a letter on another subject from Dr. Taylor to us. This paragraph is as follows:

(From Dr. Taylor to us).

April 23, 1908.

"I am glad you liked my 'Open Letter' which I sent out with the Transactions. I tried to cover various phases of the question in an amicable and amiable spirit. But, Doctor, unfortunately, you have been more guilty than anyone I know, in trying to use the members of the state organization to drum up advertisements for the publication of the organization. Perhaps you have noticed that I omitted from the Transactions all the disagreeable part of Dr. Robinson's article of last year, when I went over the papers preparatory for publication. I did this because I thought that many parts of his paper were very unwise—although it contained some truth. So I suppressed that part of his paper, particularly the

part referring to you and your journal. And I was surprised and pained to see in a subsequent issue of your journal the very same thing repeated! Medical journalism still has a very useful future before it; and its field will only be widened by the fact that there are now two kinds of medical journal—Organization and Independent. There should be no conflict between the two; and there will not, if each kind fills its field well, and will recognize the fact that the other kind has a field also."

Absence from the city delayed the following reply until May 7th, 1908:

(From us to Dr. Taylor).

"May 7th, 1908.

"To say that I was astonished at the concluding paragraph of your letter would be to put it mildly. You say 'you have been more guilty than any one I know in trying to use the members of the State Organization to drum up advertisements for the publications of the organization.' Allow me to say that this is the most ridiculously transparent attempt at a serious indictment that I have had the fortune to see in a long time. Of course I know that the so-called 'independent' journals (but which, I think more suitably, I prefer to call 'commercial') particularly those not of a high class, have grave fears that the organization journals will injure their business. Doubtless they will, and a precious good piece of work it will be if every commercial journal below the grade of strictly first-class, should be wiped off of the medical journalistic map.

"Now, as to the charge of guilty. To me it seems a ludicrous reflection upon the intelligence of any man, or body of men, that it should be necessary to argue the propriety of a company of men bound together for the advancement of themselves and others 'drumming up' advertisements for the publication which is their own private property. Furthermore, it is precisely as decent that the owners of such a journal should **not** patronize those who do not think enough of their patronage to advertise in their publication, as it is that they **should** patronize those who do advertise in their publi-

cation, thus supporting and furthering the organization's efforts in its own and the public's behalf. There may be arguments on the other side of this proposition, but I have never seen such and my intellectual limitations do not permit me to conceive of what rational argument could be forthcoming. In other words, I make the bald and unequivocal statement that it is precisely as proper for two or ten or one hundred or one thousand or ten thousand joint owners of a publication to 'drum up' advertising, as it is for one individual owner to do the same thing. I am fully aware that there are many declarations to the contrary by commercial medical editors, but these are mere declarations unsupported by reason and prompted, I believe, in the matter under discussion, by motives of jealousy and fear.

"As a matter of fact, as I have indicated above, I do not believe the best class of commercial medical publications need have the slightest uneasiness on the ground of injury by the organization publications. For the others, that is, those not first-class (and there are woefully many of them represented in the American Medical Editors' Association) the sooner their heads are ground beneath the heel of an indignant profession as well as public, the more should praise be sung for any movement contributing to such a happy evolution. I want to add just here that the more noise these cheap journals make trying to howl down the work of professional organization, whose motives are as pure and whose aims more nearly ideal than those of any other band of men existing on earth, the sooner will their death warrants stare them in the face, and in after years it may perhaps be some small ray of comfort to their editors to realize that they had helped to hasten the digging of their own graves. I want to say further that to have insinuations of improprieties and 'guilt' concerning any advertising methods, whatsoever, voiced through its president, but an association which numbers largely in its ranks men who are notoriously responsible for some of the dirtiest and most infamous fakes which have ever been unloaded upon an all too credulous profession, to

the almost infinite danger and damage, directly and indirectly, of millions of people, would be excruciatingly funny were it not seriously indicative of persistent and wilful blindness on the part of a large number of commercial medical publications—blinded by the glitter of gold, dripping with the life-blood of poisoned or criminally neglected millions.

“Now, in regard to your reference to your suppression from the transactions of the ‘disagreeable part’ of Dr. Robinovitch’s (calling himself Robinson) article of last year. You say you thought ‘parts of his paper very unwise, although it contained some truth,’ and that you took particular pains to suppress the part referring to the Journal of the South Carolina Medical Association, and that you were surprised and pained to see in a subsequent issue of this Journal ‘the very same thing repeated!’ Allow me to say that I had supposed the suppression of these parts of this very dirty and greasy foreigner’s emanations was actuated by motives of decency and not expediency, on the part of the officers of the American Medical Editors’ Association. I gather from your expressions, however, that your purpose was merely to sound me as one of the representatives of organization journalism, in the hope that I would rise to the bait, acknowledge that I was wrong, and discontinue the methods which such aptly yellow-covered journals as Robinovitch’s fear. I wish to assert most emphatically, however, that I have not the slightest intention of modifying these methods in any way and most certainly I should consider no modification as the result of any remarks from such a source as your suppressed article arose.

“In conclusion I want to say that I have had, have now, and expect to continue to have, the kindest feeling and the highest regard for the editorial management of the decent and high-class so-called. ‘independent’ journals. They doubtless have a field which they only can fully occupy. For the others I have no sympathy and no regard. You, as president of the American Medical Editors’ Association, have undertaken to voice an opinion and criticism which it is fair to assume you interpret as the voice

of a majority of your members. This being true, I feel that I am conspicuously out of place as a member of the American Medical Editors’ Association and I hereby tender my resignation as a member and beg that same be accepted without delay. I think my dues are paid up in full for the current year, but if not I beg that you will have the Secretary notify me in order that I may remit at once.

“I presume that you have no reason to object to the publication of your letter to me, and unless I hear from you to the contrary I shall print it, together with my reply, in the next issue of the Journal, which will go to press in a few days.”

(From Dr. Taylor to us).

“May 9, 1908.

“To say that I am surprised at your letter of May 7th, just received, is putting it mildly. As I began reading your letter I thought that I would perhaps have to cite you to certain pages of your journal during the past year, for proof of what I referred to in my former letter; but I find by reading your letter further that this is not necessary. You not only admit it all, but you defend it. Much of what you say about what you call ‘commercial’ journals is, alas, too true. I have no defence for questionable methods, and I have for years been striving for their elimination from all medical publications. The development during recent years of the ‘Organization’ medical press has, in the main, tended to elevate the standard of medical journalism; and this movement, as you know, has had my unqualified endorsement. I am ready and glad to welcome any and all influences that will make for the elevation of medical journalism.

“It is quite common among ‘commercial’ journals to ‘boost’ the articles advertised, and the firms which advertise in said publications; but I have never yet known one of these journals to attempt to apply the boycott. Your method attempts to do this, and I suppose you do apply it as far as you are able. I need not make any remarks to any intelligent man or to any intelligent set of men concerning the boycott. It is not only a double-edged weapon, but it is one that

has many edges; and most of those edges come back finally upon the instigator of the boycott. When you urge the members of your association to patronize no firms that do not advertise in your publication, that is the boycott pure and simple. I am pained to know that the South Carolina Medical Association is used for this purpose. I think that it will be a surprise to the members of the other state organizations to learn that any state medical association is in the boycott business. I think it will be a surprise to most of the members of the South Carolina Medical Association to learn that they are being used in such a way. I think, also, that when this is fully realized, there will be a stop put to this boycott business. I am now doubly sorry that you will not be able (on account of your expected trip to Europe) to attend the coming meeting of the American Medical Editors' Association in Chicago. If you were to be present I would bring this subject up for discussion in that association, and ask you to defend such course.

"As to your resignation from membership in this association, I have no authority to accept the same; but I will submit it and your entire letter to the next meeting of the Executive Committee. I have no doubt but that that committee (of which I am ex-officio member) will readily accept any resignation accompanied by such a stand as is made in your letter. However, having met you so pleasantly at Atlantic City last year, I will regret losing so pleasing a personality as yours, and I know of several other members who will feel the same way. And here let me say, that you are doing yourself a gross injustice in the stand you are taking, and by the letter that you have written me. I cannot harmonize these with your pleasing personality and seemingly fair mind, exhibited by you at our meeting last year. I hope yet that this is but a temporary aberration, and that you will put yourself right in this matter, and give yourself to high-class journalism and harmonious and helpful association with your co-workers in journalism.

"Concerning the publication of my letter to you of April 23rd and of this reply from you of May 7th: I have no ob-

jection if you will also add this letter that I am now dictating to you; but I do not wish the other two letters to appear without this third letter. However, I hope for your own sake that you will allow this matter to be a private one between you and me, and that you will give up boycotting, and refrain from further placing your association in such an unenviable and indefensible position, make your editorial stand among the highest instead of the lowest (for no commercialism is lower than boycotting), and withdraw your resignation, and determine to work for the highest interests of medical journalism, instead of the lowest commercialism that could be committed therewith."

(From us to Dr. Taylor).

"May 13th, 1908.

"Let me assure you that I am not suffering from a 'temporary aberration,' but I am affected with an irritation whose etiology is due to indignation and resentment in turn caused by the outrageously hypocritical position assumed by the American Medical Editors' Association, through one of its high officials in relation to certain policies which my State Association, through its Board of Councilors and House of Delegates and members in general assembly, has decided to adopt. I want to say to you here and now that the president of the American Medical Editors' Association need lose no sleep thinking 'that it will be a surprise to the members of the other state organizations to learn that any State Medical Society is in the boycott business,' or 'that it will be a surprise to most of the members of the South Carolina Medical Association to learn that they are being used in such a way.' And do you not think you put yourself in a rather foolish light when you say 'when this is fully realized there will be a stop put to this boycott business,' for it would be a humorous situation, indeed, did you, in Philadelphia, know more about running my business and the business of my State Association, in South Carolina, than I, being on the ground, know myself.

"As is usual in discussing the side of this controversy which you have adopted, you give no argument whatever to sup-

port your position; nor do I believe that there is any argument available for its support. At any rate, as I indicated in a previous letter, such reasoning has never come to my notice, and the truth of the matter is that the premises I adopted in my former letter are logically and ethically irrefutable, and wishing not to appear pharisaical, I will suggest that there is quite as much ethics in the practice of medicine in South Carolina as there is in the City of Brotherly Love.

"Your argument therefore consists, not of reasoning, but of charges, and this, of course, can hardly be satisfying to a man of intelligence.

"It is uncommonly foreign to my wishes to enter at this time upon an academic discussion of 'boycotting.' A few words appear to be necessary, however, since it is evident that the situation is not very clear in your mind. Granted, for purpose of argument (though it is not true) that our Journal has instituted a boycott, no obloquy would necessarily attach. A justifiable boycott, which does not involve persecution, is not in the slightest degree objectionable to intelligent men. The action of our State Association cannot be twisted into being a boycott, as is usually understood by that word, for it is not attempting to injure any one's business, or to influence anyone outside of its own premises, but is merely asserting its plain prerogative to do business preferentially with those who do business with it, and its equally plain prerogative **not** to do business with those who do not co-operate with it. It is merely a matter of reciprocity. We are conducting a preferential campaign and not a boycott. Our Journal has never advocated, and will not advocate, that advertising with us is essential to patronage, unless other things are equal. Any sensible man would gather that from our editorials. We do not write editorials for children, but for men of education, intellect and judgment. Certain standards like Merck's, or Squibb's preparations would be desirable under any conditions whatsoever, and no sane man would think for a moment that we were advocating ignoring them. Only those who wilfully desire to misrepresent us can

construe our position otherwise than as I have indicated, and I want to say to you again that this position has the unanimous endorsement of the South Carolina Medical Association membership and all of its officers, and if the commercial journals disapprove, let them come out and say so and attack the South Carolina Medical Association and see how much circulation they will lose by their deliberate misunderstanding. We are quite able to take care of ourselves down here, thank you, though we are some distance from the self-considered centers of civilization.

"I do not care to reconsider my resignation, but wish it accepted, and you cannot, I think, with justice, read any part of our correspondence to your Executive Committee without reading it all. I presume you will do this, as I believe you to be a straight and honorable man."

Boycott? Fiddlesticks!

In company with thousands of the most highly esteemed professional men in this country, and the whole world, we have lauded, and still laud, the efforts of the American Medical Association to suppress and eliminate certain products which do not conform to an arbitrary standard defined by, and satisfactory to, the A. M. A. itself, and itself alone. Yet we have heard no reverberating bray of "boycott." It is simply asserting its republican right to use what it pleases in the way it pleases, and if it does not please it does not hesitate to say so, and to say why.

Similarly, though in a way much more readily understood by ordinary business brains, the owners of this Journal are exercising their fundamental and ethically unassailable rights. So far as we are able to discern the South Carolina Medical Association expects to continue to manage its own affairs in its own way, and without foreign interference. It does not need sad-voiced and sanctimonious advice, and

it will not tolerate impertinent dictation.

But "boycott"? Green-eyed bosh! Scialistic cant! Study the anamnesis!

RABIES.

It is very evident that hydrophobia is on the increase in the United States at the present time. For the past three years, according to the publication of the mortality statistics of the Census Bureau, there has been a steady increase of deaths from this cause in the registration area. Estimating from the number of deaths (85) which were caused from rabies in 1906 in the registration area (which means those places, urban and rural, in which systems of recording vital statistics are enforced, and which includes approximately 45 per cent. of the total population of the United States) the whole number of deaths from this cause in this country was probably less than 200. This seems to be a relatively small number, but it must be borne in mind that the rate is increasing and that since the institution of the Pasteur treatment the death rate among those who have been bitten by rabid animals has been decreased; the death rate after this method of treatment being in the neighborhood of only one-half of one per cent.

It is all very well to have the Pasteur institutions in case of necessity. They have done, and are doing, a magnificent work; but how much easier, how much safer, and how much more economical it would be to eliminate the cause which makes the Pasteur institute a necessity! It has been positively and irrefutably proved that the strict enforcement of a muzzling law for dogs will eradicate the disease, since it is spread practically solely by the bites of these animals. By the operation of such a law there has not been a single case of hydrophobia in the city of London since the year 1900, while

previous to that time there were many deaths yearly from this cause. A simple enough remedy to be sure! Why is it not applied?

But so long as the remedy is not applied there will be rabid dogs, and deaths among the people from this fearful disease. Shooting dogs indiscriminately can do little good, and at best gives but temporary improvement in any community, while the lives of many harmless and valuable animals may be destroyed. But two things should be borne in mind over and above all else as long as this disease does exist among us, and these are first, that when an individual is bitten by a dog suspected of being rabid the wound should be immediately and deeply incised, laid open, suction applied if possible, and the whole wound cauterized with fuming nitric acid, or nitrate of silver, or actual cautery. This should be done even if the wound is not seen for several hours after its infliction; but the sooner the better, of course. The other point, and a most emphatically important one it is, is that the suspected animal should most positively not be killed. If it is rabid it will certainly die within eight or ten days; and if it does not die, therefore, no danger of hydrophobia exists. If it does die, its head should be submitted for examination at the nearest Pasteur institute and the subsequent care of the patient should depend upon the results of that examination.

PUBLIC HEALTH SAFEGUARDS.

It is gratifying to note from time to time the energetic work which the health departments of the cities of Charleston and Columbia are carrying on for the protection of the public health. The meat and milk inspection in these cities is rigorously and vigorously carried out by physicians who have especially trained

themselves for the purpose. No fear nor favor is shown in these inspections and when the product is found to be not up to the standard it is unhesitatingly condemned and the public is officially warned. Such conscientious activity will not fail to encourage confidence in the health department on the part of the people of these cities and this work will make its indelible mark and erect its own monument in the manifest reduction of the death record in these communities. There is not a city or town in South Carolina (or in the civilized world for that matter), which cannot afford to establish such a system of inspection. Indeed, there is none that can afford not to do so. The public must be taught the necessity and the advantage of such safeguards, and of their economic value. Knowing these things, let us bear in mind that it is the duty, as well as the privilege, of the medical profession to teach them to the public. Our efforts will be spurned, as they have been in the past, but sooner or later patience and persistence will be rewarded and the people will learn that one-half of them die, year by year, preventably premature deaths.

MRS. KOON'S HYDROPHOBIA CURE.

The following has recently appeared as an advertisement in the Columbia State:

HYDROPHOBIA CURE.

Mrs. F. A. Koon, who resides near Columbia, S. C., wishes all persons to know that she has had for years in her possession an old hydrophobia remedy from which she has treated hundreds of cases and has never lost a case. Will guarantee a cure if patient takes her treatment before the first paroxysm. This is the only known hydrophobia preventative. Address

Mrs. F. A. Koon,

R. F. D. No. 3. Columbia, S. C.

That these statements are false every

educated physician knows. If Mrs. Koon has treated "hundreds of cases" (which we doubt), they were certainly not cases of hydrophobia; and if they were the real thing how did she know it if they had never given signs of the "first paroxysm"? Even to the layman it would seem to be a silly proposition that Mrs. Koon, a ruralite (not a rural light probably) of Richland County, should in some mysterious way have become the sole possessor of a secret which the brains of the scientific world have striven for five thousand years to wrest from the esoteric heart of Nature. Even the discoveries of the great Pasteur, which marks a brilliant epoch in the history of scientific medicine, have given us a form of treatment which shows a mortality of about one-half of one per cent. of all cases treated following the bites of suspected animals. When we consider the large percentage of this whole number which would not have developed rabies without treatment, we can see that the mortality in actually infected cases must be still greater.

The advertisement of the self-assertive Mrs. Koon is calculated to do a great deal of harm by reason of the fact that without doubt many credulous victims of bites from suspected animals will allow themselves to be misled by her misrepresentations, and incidentally will contribute to the fattening of her wallet. It is for the protection of the people from such frauds as these that the laws are made, and they should be enforced. We would suppose it is the province of the Columbia Medical Society to look into this matter; and for the protection of the people, the guardians of whose health we are, the legal prosecution of this brazen "healer" should be promptly affected. What a comfort her "guarantee" would be to the victim who did not get a "cure."

But why does the Columbia State lend

itself to the furthering of such a dangerous imposition?

PENSIONS FOR CARROLL & LAZEAR

It is announced from Washington that the House of Representatives has unanimously voted a life annuity of \$125 a month each to the widow of the late Major James Carroll, of the Medical Department of the United States Army, and to the widow of the late Acting Assistant Surgeon Jesse W. Lazear. These two physicians, as our readers know, lost their lives in consequence of experimental work that has proved of incalculable value in the prevention of disease, and added lustre to the medical corps of the army.

W. H. NARDIN, SR., M. D.

In the death of Dr. W. H. Nardin, Sr., of Anderson the medical profession of South Carolina has lost one of its most valuable and loyal members, and the sad news of his death will be received by the medical fraternity in this state and elsewhere with extreme regret. Dr. Nardin was a landmark in the profession and in the Medical Association of South Carolina, and his place among the earnest, self-sacrificing, loyal and uplifting physicians will indeed be hard to fill. He was a Nestor in the medical profession in this state and has always given his most earnest efforts to the upbuilding of the physician individually and the uplifting of the profession generally. He was at one time president of our state association, and his wise counsel and advice was at all times freely given upon any and all subjects pertinent to the conduct of the state organization. It was only last April at the meeting of the state association in his home town, Anderson, that his hosts of friends and co-workers were congratulating him upon his recovery from a disease which has finally claimed him.

Dr. Nardin's influence did not end in the medical profession, for his popularity and worth have been attested in many ways, among which may be mentioned his election to the mayoralty of Anderson. The whole profession will extend sincerest sympathy to his bereaved family and wide circle of friends.

W. H. NARDIN, SR., M. D.

Dr. Waller Hunn Nardin, Sr., one of Anderson's oldest and best-loved citizens, died at his home on May 30th. There was no one more closely identified with the progress of Anderson than was this man and the loss sustained by the people by his death will never be remedied.

Dr. Nardin was born in Charleston, October 24, 1837. He was, therefore, in his seventy-first year. In his early childhood he moved to Pendleton to live with his grandfather, Mr. William Waller. Later he moved to Anderson, and entered the public schools.

After completing the course of study in the schools, Dr. Nardin went to the University of Virginia and there studied medicine for one year. Instead of returning to the university in the following fall, he went to the New York University Medical College, and there graduated in medicine in March, 1860. Immediately after his graduation Dr. Nardin returned to Anderson to locate and practiced there until his death, twenty years of the time being in partnership with Dr. S. M. Orr.

Dr. Nardin served one term as mayor of the city of Anderson. He was a member and one-time president of the South Carolina Medical Association; a member of the American Medical Association, and of the Anderson County Medical Society, which latter organization he had several times served as president. For many years he was an active member of the State Board of Health, and also served for several years on the State Board of Medical Examiners, of which body he was chairman.

It was largely due to Dr. Nardin's active efforts that the handsome new Anderson hospital stands completed. He leaves a widow, five daughters and three sons.

Original Articles

DIFFERENTIAL DIAGNOSIS OF APPENDICITIS.*

By J. M. T. Finney, M. D.,
Baltimore, Md.

The subject which I have chosen for this paper is one that may appear somewhat trite and threadbare. Nevertheless, of all the vexed questions that present themselves to the general practitioner or the surgeon, it may become at times one of the most important and perplexing. In the typical case, the diagnosis of appendicitis presents no difficulties to one who is at all familiar with the clinical picture. In the atypical cases, and in the experience of the writer, they are not at all uncommon, few conditions present greater difficulties in arriving at a correct diagnosis.

It will be urged at once that an absolute diagnosis is not necessary, indeed not possible in every case, to which proposition as a working basis most practical surgeons will readily assent, as it not infrequently happens that a positive diagnosis is impossible without an incision. But, as scientific men, it is manifestly our duty to make as nearly a correct diagnosis as may be of every diseased condition that presents itself in order to be in a position to give the patient the best advice as to the treatment of his particular malady. To this end, a physician will not be doing his whole duty who does not exhaust every means at his command to obtain all the data relating to his patient's trouble and who does not then, to

all the evidence before committing himself to a definite opinion and course of action.

All this, of course, is elemental and in an audience such as this, needs hardly to be referred to. But, unfortunately, one meets every now and then with incorrect and careless diagnoses of the "snap" variety, perhaps, which may lead to mortifying and even disastrous consequences. One cannot be too careful in studying the history of the clinical picture in each individual case, for in this way only can one hope to obtain results uniformly satisfactory alike to the patient and the doctor.

Where one is able to make a positive diagnosis, the decision as to the proper course of treatment is usually rendered more easy. Where a diagnosis is in doubt, the uncertainty in the mind of the medical attendant must always remain a disturbing factor. I want to emphasize, then, the necessity for the utmost care in the study and consideration of every individual case which presents acute symptoms referable to any portion of the abdomen.

In considering the differential diagnosis of appendicitis, one must consider practically every acute affection of the abdominal cavity and a considerable number of those having their origin outside of it. Indeed, a list of diseases which one must at times consider in making the diagnosis and which almost any one of extended experience in these conditions could make up from his own personal observation would include practically all of the acute and some of the chronic affections of the contained abdominal viscera and a goodly number of those of the

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neighboring structures. Let me give you a list of the diseases which in my own personal experience in hospital or private practice, I have been called upon at some time to differentiate from appendicitis and many of which I must confess, I have mistaken it for, or the reverse. This list includes:

Tubercular, gonorrhoeal streptococcus and pneumococcus peritonitis; perforation of ulcers of the stomach and of the large and small intestine, including typhoid perforations; ileus of various sorts; intussusception, inflammation of Meckel's diverticulum, carcinoma and tuberculosis of the caecum, actinomycosis, fecal impaction, intestinal parasites, acute pancreatitis, ovarian cyst with twisted pedicle, extra-uterine pregnancy, salpingitis, suppurating retro-peritoneal lymph glands; various affections of the kidney, floating kidney, infected cystic kidney, renal abscess, renal and ureteral calculi, perinephritic abscess, aneurysm of the right renal artery; affections of the biliary tract, gall-stones, acute cholecystitis, recurring attacks of jaundice, liver abscess, psoas abscess, retention of urine.

Of extra-abdominal origin: The infectious diseases, typhoid fever, grippe, pneumonia, diaphragmatic pleurisy (tubercular or otherwise), measles, rheumatism, tonsillitis, acute osteomyelitis of the femur, osteomyelitis of the right ileum, inguinal adenitis, epididymitis in undescended testicle, angio-neurotic oedema, hysterical forms, the early stages of tabes dorsalis; various forms of traumatism.

This is not a complete list of all possible conditions that have been or may be mistaken for appendicitis, but it is long enough to indicate how many pitfalls may at times beset the pathway of the unwary practitioner to a correct diagnosis. In many cases, of course, one has to consider

but one or two of the affections mentioned, but in some of the rarer instances, where the clinical picture is a complex one, it is simply impossible in the present state of our knowledge, without the aid of an incision, to differentiate between several. In such cases where the symptoms are at all urgent, to delay operation until an absolute diagnosis has been made, is often little short of homicide.

I wish to emphasize this point in passing, namely, that there are times, rare perhaps, and thanks to our most exact methods all the time becoming rarer, when it is absolutely necessary to make an incision in order to establish a correct diagnosis. At the same time, I would insist upon the corresponding fact that recourse should be had to an exploratory operation only after all other diagnostic means have failed. Unnecessary operations, for whatever purpose, are to be decried as not only harmful but a reproach to surgery.

A safe rule to follow, then, in the treatment of these cases is, where one has reason to suspect the possibility of the existence of appendicitis, with the symptoms progressively increasing in severity, to operate for a diagnosis. By so doing, one will occasionally find instead of an inflamed appendix, some other pathological process which demands operative relief with equal urgency and will thus be the means, it may be, of saving a valuable life which might otherwise have been sacrificed by delay.

As diagnostic aids to the physician, special emphasis is to be laid upon a careful history of the case, paying particular attention to the existence of past attacks of a similar nature, and a thorough routine examination of the whole patient, not confining one's observation solely to the region affected. If it involves a surgical operation, accept no ready-made di-

agnosis, however likely, from any man, however eminent. Examine carefully for yourself. Responsibility for the diagnosis is inseparably bound up with that which goes with the operation.

Special tests, such as are applied to the blood, urine, feces, etc., should always be applied where practicable. Then a careful judicial consideration of all the data at hand should be one's invariable routine practice. It is just here that that sound judgment and clear insight so conspicuous in good clinicians and so essential to success in a surgeon, are urgently demanded.

Upon reading over the list of diseases just enumerated, it would appear impossible for any one but the veriest tyro in diagnosis to mistake many of them for appendicitis. But strange as it may seem, a large proportion of the mistakes which have come to my notice, and some of the most striking ones, have been made by excellent clinicians, men of wide experience and well recognized ability. I could relate instances illustrating all of these conditions, but time will permit of but few, and only abstracts from these.

Sometime ago I was called into the country in a neighboring State to see a young girl of fifteen years who had been complaining for three days of severe abdominal pain, located primarily about the umbilicus, and later in the right iliac region. Her temperature and pulse were both elevated, there was marked tenderness and slight muscle spasm over the right rectus, in its lower third. No tumor. The attack had begun with vomiting and constipation. No blood count could be made, the attack bore no relation to menstruation. No history of previous attacks. In other respects the examination was negative. The clinical picture was not perfectly characteristic, still since the symptoms were becoming pro-

gressively worse, and since the patient lived a day's journey in the country, I felt it would be safer to operate than to leave her in uncertainty. A comparatively normal appendix was found, somewhat swollen and thickened, just as one finds it in acute rheumatism or after the grippe; nothing else. The next day the patient was covered with a profuse rash of measles which ran a typical course, and she made an uneventful recovery.

One of the first cases I ever operated upon, a persisting fecal fistula following spontaneous rupture of a supposed appendicular abscess, proved, upon excision of the fistulous tract, to be a Meckel's diverticulum. The history of the trouble differed in no essential from that of the ordinary abscess of appendicular origin.

Three times I have operated upon abscess in the right inguinal region due to actinomycosis. The first case I did not recognize. Profiting by my experience in this instance, the second and third were properly diagnosed beforehand. The distinguishing features of these three cases were the marked and extended induration in the abdominal wall, about the abscess, together with the length of time required in its development and the lack of any special tenderness on palpation. In none of the cases had the abscess ruptured. After rupture occurs, the diagnosis is, of course, rendered easy by the presence, in the discharges, of the characteristic fungus

In elderly persons, carcinoma of the caecum has always to be reckoned with. I was called in consultation upon one occasion to see a lady of sixty years who gave the history of having had an attack of acute abdominal pain associated with nausea, vomiting, elevation of temperature and pulse rate, following upon some ill-defined symptoms of indigestion. When I saw her, she had a well marked mass

in the right iliac region, red, tender, oedematous—clearly an abscess, supposedly of appendicular origin. On making an incision, about two ounces of pus were evacuated. This led down to a cancerous mass involving the ileocaecal valve. The abscess was evidently secondary to an extension of the infection from the cancerous mass. The appendix was only incidentally concerned.

Upon another occasion, I was called to see a middle aged man who presented symptoms very like those just referred to except that they were not so pronounced. There was present a firm, slightly movable but not very tender mass in the right lower quadrant. The diagnosis lay between cancer of the caecum and appendicitis. Incision revealed the former. The mass was resected and a lateral entero-anastomosis carried out. The tumor proved to be a large flat cancer of the caecum. The patient is alive and well today after eight years.

Not long since, the brother of a personal friend of mine, from Tennessee, consulted me with a history of recurring pain and discomfort in the right iliac region, nothing more definite than this. He never was quite free from tenderness over this area, but, except during the exacerbations, he was able to attend to his duties. Examination showed a definite resistance about McBurney's point with an indefinite mass about the size of one's thumb, rather deeply seated. Otherwise, the examination was negative. The diagnosis lay between a chronic appendicitis and a localized tuberculosis process. Since there was no tuberculous history in the family nor any other manifestation of it to be found elsewhere, the latter alternative was not seriously considered. The operation, however, showed extensive tuberculosis about the ileo-caecal valve.

Among the rarer affections with which

appendicitis may be confounded is acute pancreatitis. I have been called in consultation in two instances in which this condition was present, and on both occasions, from the character and location of the pain and the history of the trouble, the possibility of appendicitis was suspected. This condition, as a rule, is rather more apt to suggest acute cholecystitis or intestinal obstruction, but in my cases, the history of recurrent attacks, absence of jaundice, character and location of pain, suggested strongly the possibility of appendicitis. Perhaps the most characteristic sign of acute inflammation of the pancreas is the very great prostration usually early so marked and out of all proportion to the other symptoms. It was this feature alone which enabled us to recognize the true condition in our second case.

Some years ago, I was called in consultation by a professor of obstetrics in one of the numerous medical schools in Baltimore to see a young woman whom he had just examined in consultation with her own attending physician and who, he thought, was suffering from fulminating appendicitis. I had the advantage of seeing the patient a couple of hours later when the clinical picture had materially changed. It was possible at the time, on account of the pallor and air-hunger so characteristic of severe hemorrhage, to differentiate sharply between the two conditions and, to the great chagrin of the professor of obstetrics, we made a diagnosis of ruptured tubal pregnancy, which was confirmed at operation.

Not long afterwards, I was hurriedly called by one of the best practitioners in Baltimore to operate upon what was supposed to be another fulminating case of appendicitis. This proved also to be a case of ruptured tubal pregnancy. In three other instances, in my experience,

five in all, has the same condition existed with the diagnosis of appendicitis. Fortunately, the true condition was recognized in every instance before operation, chiefly by the evidences of hemorrhage, above mentioned. The symptom—complex of the typical case in these two affections can readily be recognized if carefully studied, but the typical cases not infrequently resemble one another so closely as to render an accurate diagnosis at times well nigh impossible.

The influence of age upon the character and severity of an attack of appendicitis is very striking. My attention was first called to this some years ago and recently quite a voluminous literature has appeared emphasizing this fact. As a rule, the younger the child the more acute the attack, and the earlier the perforation of the appendix takes place with the development of abscess formation and peritonitis. Hence, the more difficult diagnosis, the more grave the prognosis. The older the patient, the more apt is the condition to be a more or less sub-acute or chronic one. One of the most prominent features of the onset of an attack of appendicitis in young children is its insidiousness. It may, and generally does simulate some other condition. The attention may be attracted entirely away from the abdominal cavity, not infrequently to the plural cavity, as pneumonia is perhaps one of the commonest conditions for which it is mistaken in early childhood. The attacks are frequently not ushered in by any well defined onset, as in an adult. The child is evidently ill but can give no connected account of its sickness. It may complain of some one special symptom that directs the physician's attention to some remote part. I very well remember a young child brought by its mother into the Massachusetts General Hospital when I was a resi-

dent there, complaining of nothing but retention of urine. It was only while seeking for an adequate cause for the retention that an acute appendicitis was discovered.

Abdominal tenderness, early so pronounced, as a rule, in adults, is in children not infrequently wanting, or attracts little attention. Indeed, recently I have seen two children suffering from acute gangrenous appendicitis who could be comforted only by rather vigorous massage of the abdomen and for which very reason both cases had not been diagnosed by competent medical attendants. It must not be forgotten that very young children may be the victims of this trouble. One of the children just referred to was only thirteen months of age and much younger cases have been reported.

A striking commentary upon the difficulty of diagnosing appendicitis in young children is found in my own experience. I have operated upon but two instances of appendicitis in children under the age of ten years in which the appendix was found to be unruptured. In one of these, the child had had a slight preceding attack and thus the attending physician was placed on his guard for another. The other patient showed so little pathological change in his appendix that had I not seen the same thing happen so many times in children, I should have been inclined to doubt whether he really had appendicitis at all, although his pain, tenderness, and muscle spasm were referred to the right iliac region, and his temperature and pulse had been advancing steadily for thirty-six hours up to the time of the operation. All symptoms subsided immediately following the removal of the appendix.

The clinical picture of appendicitis is, unfortunately, not always constant or characteristic. There is no pathogno-

monic sign. Much depends upon the stage of the disease in which the patient is first observed, the different periods of the disease being characterized by different sets of symptoms, some or all of which may be wanting. At other times, symptoms entirely different from those usually observed may be present and unduly prominent, diverting the attention of the physician from the real condition.

The location and character of the pain, the intensity of the inflammation, the position of the appendix and its anatomical relation to the neighboring structures within the abdominal cavity, the mental attitude of the patient and to a certain extent that of the examining physician as well, are some of the more important factors that may greatly help or hinder a correct diagnosis. Some phenomena observed in the course of the disease may be at times deceptive and difficult properly to interpret. For instance, the sudden subsidence of pain after twenty-four or forty-eight hours. This may or may not be a favorable sign, depending upon accompanying conditions. If associated with a corresponding drop in the pulse rate and a slight decrease in the leucocytes, then continued improvement may be confidently expected. But if, on the other hand, an increase in the pulse rate and a sudden drop in the temperature possibly to sub-normal, together with a sharp decrease in the leucocytes and an increasing abdominal distention are present, the perforation of a gangrenous appendix with a peritoneal extravasation has almost surely taken place. There are various intermediate stages between these two pictures which defy the skill of the attending surgeon to always correctly interpret. It is just here where close observation, wide experience, and sound

judgment in the proper interpretation of symptoms avail so much.

Inflammatory diseases of the Fallopian tubes, whether tubercular or gonorrhoeal in origin, when occurring on the right side are very commonly mistaken for appendicitis. Particularly is this the case with the acute gonorrhoeal affections. I have recently seen four very marked instances of this condition occurring in young girls, in none of whom was there reason beforehand to suspect the existence of any infection. The symptoms were identical with those of appendicitis, the trouble being confined almost exclusively to the right side. In the absence of any history of possible infection, the existence of menstrual disturbances, and the situation of the pain and tenderness at their onset, a little lower down in the pelvis than is usually the case in appendicitis, are the only differences that I have observed in the abdominal picture of the two conditions.

Ovarian cyst with a twisted pedicle is another condition which one is occasionally called upon to differentiate from appendicitis. Here again even with a pelvic examination, where the cyst is a small one, it is sometimes impossible to distinguish the one from the other. Twice I have made the mistake. In three other instances, I have been able to recognize the true condition. In addition to the possibility of recognizing the tumor by pelvic examination, the rather lower temperature than one would expect to find with the rest of the picture, and the differential count, are the only points of difference that I have noticed.

Various affections of the kidney and ureter not infrequently simulate very closely the picture of appendicitis. Upon

one occasion, a patient was sent to the Johns Hopkins Hospital as an emergency with a supposed appendicular abscess. The history given by the physician and patient was identical with that usually given by appendicitis. The patient had a tender swelling in the right iliac region, apparently a typical appendicular abscess. The physician reported that the urine had been examined and was all right. A specimen was not obtained before operation which was performed immediately. Upon opening the abdomen, a misplaced suppurating cystic kidney was found. The examination of the urine subsequently showed large quantities of albumen and pus. An instance of mistaken diagnosis of the ready-made variety, due to a hurried and insufficient examination.

Perinephritic abscess is a notoriously obscure affection, and when occurring on the right side, may be at times extremely difficult to recognize. Some years ago I had under observation a case of this sort. The symptoms which consisted of pain and tenderness in the right lower quadrant of the abdomen extending around somewhat into the flank, slight temperature and leucocytosis, were hardly enough to justify immediate operation. No improvement occurring, however, we later made an exploratory incision. The appendix was found normal. Extending our search, up into the region of the kidney, a very small perinephritic abscess was found and drained.

Affections of the biliary tract simulate, at times very closely, appendicitis. One of the most striking instances of this kind in which a wrong diagnosis was made, has recently been under my care in the John Hopkins Hospital. A patient from South Carolina consulted me with a history of having had repeated attacks of abdominal pain associated with

slight elevation of temperature, indigestion, constipation and always accompanying these attacks had been noticed a slight jaundice.

After a careful study of the case, we made a diagnosis of gallstones. Upon operating, we found to our surprise a perfectly normal biliary tract. After further search, we found a very adherent inflamed appendix which did not seem to have any connection with the biliary tract. This was removed and the abdomen closed. The patient has since been completely relieved of his attacks of jaundice. A similar case was observed two years ago in the person of one of the surgical internes in the John Hopkins Hospital. Since the removal of an inflamed appendix by Dr. Halsted, there has been no recurrence of the attacks of jaundice. Everyone with any experience in abdominal surgery has met with cases of acute cholecystitis and liver abscess, the differentiation of which from appendicitis has taxed to the utmost diagnostic acumen.

Before leaving the abdominal affections, I want to call attention to one of the rarer but one of the most interesting affections which is sometimes mistaken for appendicitis, namely, that little-understood affection to which the name of "angio-neurotic oedema" has been given by Quinke. Since he first described this condition in 1882, an increasing number of cases have been reported in the literature. Dr. Osler has called especial attention to the condition in this country. One case has come under my observation. My patient, the wife of a physician, was operated upon during the interval between attacks. The appendix at that time showed slight abnormality. Her attacks, which had been frequent, were at times quite severe and accompanied by all the phenomena associated with typical at-

tacks of appendicitis. It was only after repeated recurrences of the trouble subsequent to the removal of the appendix and an investigation of the family history that a diagnosis of the true condition was made.

There had been angio-neurotic oedema in the family of this patient for four generations and there is an indefinite history of its having extended farther back. There are known to have been at least thirty two members afflicted with the trouble. A swelling may suddenly appear in any part of the body. Two cases have died of oedema of the glottis. When the attack is abdominal, there is decided prostration for six or eight hours proceeding. Pain in the abdomen is very often in the region of the appendix, at times in the region of the gall-bladder, at times referred to the stomach. Intestinal patterns are soon to be made out and one can grasp the loops in one's hand, so hard do they become. The lumen of the bowel appears to become entirely obliterated and this gives rise to intense vomiting which may persist for from twelve to twenty-four hours. There is a good deal of tenderness on palpation over the stomach.

Perhaps more interesting still are the extra-abdominal affections with which appendicitis may be confused. Of the infectious diseases, typhoid fever, pneumonia, grippe, diaphragmatic pleurisy, measles, rheumatism and tonsillitis are those most common at fault. Dr. L. P. Hamburger and I, in a paper entitled "The Relation of Appendicitis to Infectious Diseases" (American Medicine, 1901), called attention several years ago to some interesting cases which we had observed together. These were associated more particularly with rheumatism, but others of the acute infectious diseases may also, not infrequently, be mistaken

for it. This is notoriously the case with those interesting forms of grippe with which during the recent epidemics almost everyone has become familiar, in which the abdominal symptoms assume undue proportions.

Typhoid fever, at its beginning, and later on, when symptoms of intestinal perforation are present, is at times extremely difficult to differentiate. Some years ago a physician and personal friend of mine came to the John Hopkins Hospital from South Carolina, giving the history to recurring attacks of colicky pain in the abdomen during the past two years and which were supposed to be appendicitis. For the three weeks preceding his admission, he had not been feeling well and had had slight abdominal pain. For four or five days constipation had been pronounced. The abdominal pain, which had been general, two days before his admission to the hospital became localized at McBurney's point. No distention, leucocytes twenty thousand, temperature sub-normal, pulse ninety. The picture suggested somewhat a typhoid, but as the Widal was negative and since there was the history of an undoubted severe attack some years previously, typhoid was excluded and the diagnosis of a catarrhal appendicitis was made. Operation showed a comparatively normal appendix. There were a number of old adhesions, the scars of previous attacks, but no present inflammation. Nothing else was made out. The appendix was removed and the abdomen closed. The patient made a good recovery from the operation, but went on with a typical attack of typhoid fever to which he eventually succumbed about two weeks later, from repeated intestinal hemorrhages.

Pneumonia, particularly in children, is extremely difficult at times to differentiate from this condition. Upon six dif-

ferent occasions, I have been called to operate for appendicitis upon children who were suffering from pneumonia. Fortunately, in all the cases, the true condition was recognized beforehand. I was present, however, a few months ago and gave assent to an operation performed by one of my colleagues upon a child who presented a clinical picture which so closely simulated appendicitis that we were unable to differentiate. A normal appendix was found, and subsequently a pneumonia of the right lower lobe developed.

Upon one occasion, I was called to the country to see a young man. The symptoms which were quite pronounced were referred entirely to the lower right side of the abdomen and were those which I took to be due to a typical appendicitis. Had I had with me the necessary implements, I should have unhesitatingly operated that evening. Fortunately for the patient, however, I had not. By next morning, the picture had changed so materially that the abdominal cavity was no longer implicated and the trouble was clearly located in the pleura. The patient subsequently entered the John Hopkins Hospital with an acute miliary tuberculosis from which he died.

There have been observed in children especially, following pneumonia, a number of cases in which abdominal symptoms supervene soon after the pneumonia had begun to subside. Two such cases have come under my observation both of which were operated upon and in both of which a general pneumococcus peritonitis was found, the onset of which simulated very closely a beginning appendicitis. Both cases terminated fatally. The lesson to be learned from these observations is the necessity of being on one's guard for the possible development, particularly in children of peritoneal compli-

cations subsequent to pneumonia, due to the invasion of that cavity by the pneumococcus. So also, following acute tonsillitis one meets now and then with a patient presenting acute abdominal symptoms very strongly suggestive of appendicitis. I was called very recently by an excellent practitioner of Baltimore to see a child suffering from severe abdominal symptoms which he thought due to fulminating appendicitis. When I saw the child, he was lying in bed with his knees drawn up, anxious expression, complaining of intense generalized abdominal pain, a rapid pulse and high temperature. Examination of the abdomen showed rather tense abdominal walls no muscle spasm anywhere but slight general tenderness over the whole abdomen. There had been nausea and vomiting with constipation. Upon examining the child's throat, we found a very pronounced follicular tonsillitis which ran the usual course, and the child made a good recovery without operation.

I have recently seen in consultation with one of my colleagues a fatal case of streptococcus peritonitis following tonsillitis. In this case, as a forlorn hope, an excision was made thinking that possibly an appendicitis might be found, but the appendix in no way differed from the rest of the generally inflamed peritoneum. A pure culture of streptococcus pyogenes was recovered from the peritoneal cavity.

Inguinal adenitis has not infrequently been mistaken for appendicitis. Some time ago I was called by one of the best general practitioners in Baltimore to see a young man with acute appendicitis. On paper he had all the cardinal symptoms, even to a tumor in the right iliac fossa. The attending physician, however, had failed to observe that the right side of the scrotum was empty, and that the pa-

tient had a profuse purulent discharge from the urethra—an instance of epididymitis in an undescended testicle.

One of the most interesting cases, from a diagnostic standpoint, which I have ever met with was in the person of a youth, seventeen years of age, who had been out chestnutting. Upon returning home, after eating a great many raw chestnuts, he was seized with a pain in the lower right side of the abdomen. He had been perfectly well up to that time. The pain was intense. I was called the next day by his physician to see him. The diagnosis at that time was acute appendicitis. I found the boy in bed with his right leg drawn up, he looked sick and complained of pain referred to the right iliac fossa. His temperature and pulse were both elevated. There had been nausea and vomiting. Examination showed no muscle spasm but slight tenderness over the lower part of the abdomen on both sides. The tenderness did not seem to be more pronounced on one side than on the other. Attempts to straighten the leg caused great pain in the groin. Examination of this region and the hip joint showed nothing. There had been slight pain on urination. He had no chill. He also had a cough which began about the time of the pain and which bothered him considerably. The expectoration was considerable; whitish, not rusty. Examination of the chest, except for a few coarse rales, was negative. I advised going to the hospital at once for observation, as I was not positive in my own mind as to the diagnosis. This was declined until the next day, when the patient entered the John Hopkins Hospital and was seen by several members of the staff. By this time, the sputum had become a little blood streaked, and his cough caused him a good deal of pain in the lower right side of the abdomen.

Examination of the chest showed nothing more than a slight bronchitis. He had herpes on the lips, the abdomen was fairly soft, and permitted deep palpation everywhere except low down over the symphysis and on the right side above Poupart's ligament. Pressure here gave pain and there was some muscle spasm. The right thigh was flexed and could be straightened only with difficulty and this caused the patient pain. No tenderness in the hip joint. Examination of the back was negative. The leucocytes at this time were 19,500; temperature 104 degrees; pulse 120. It was then learned that the patient had a sister at home sick with typhoid fever. The diagnosis was then probably typhoid fever, although the Widal was negative. Abdominal symptoms referred to the psoas region were not satisfactorily explained. Examination of the sputum was negative. Two days after entering the hospital, when seen by Dr. Osler, he dictated the following note: "Suspicious spots in right flank suggesting rose spots, definite dirotism of pulse, some piping rales over right base, some impairment in left axilla, there is an indefinite mass just above the symphysis pubes, palpable and tender." The patient was observed for two days longer when for the first time a swelling was noticed in the upper part of the thigh. Synchronous with this observation, his abdominal pain and tenderness markedly improved. This swelling was promptly incised and several ounces of pus were evacuated. The pus was found to lie beneath the periosteum of the upper end of the femur with a roughened shaft below. The abscess extended just up to Poupart's ligament and to the obturator foramen, but not the pelvis. The patient improved considerably after the evacuation of the pus, and was apparently on the road to recovery, when he developed a right pneu-

mothroax, to which he shortly succumbed.

To summarize this case, it was diagnosed at first by a competent physician as appendicitis. When I saw the patient, it suggested this strongly but I could make no positive diagnosis. He was admitted to the John Hopkins Hospital for observation. There a diagnosis of probable typhoid was made, which later was revised when pus manifested itself in the head of the femur.

A year ago I was called by a physician to see his mother who had slipped on the ice two days previously and received a hard fall, striking on her right side. She was a large, fleshy woman and had been considerably bruised and jarred by the fall but was able to walk home. The next day she complained considerably of soreness over her whole right side but particularly in the abdomen which was supposed to be from a wrench, the result of the fall. That night, however, it was observed that she had a slight temperature. The next day her soreness and pain continued, and ecchymoses appeared at various points where she had evidently bruised herself in falling. She vomited at this time and still complained severely of the abdominal pain. The doctor then for the first time examined the abdomen, and noticed a tenderness and rigidity over the right iliac region. I was called at this juncture to see her and found a perforated appendix with a beginning abscess. This was confirmed by immediate operation. The symptoms in this case had been completely masked by those resulting from the fall.

I fear I have already overstepped my time and overtaxed your patience with this too long recital of cases and so will refrain from further wearying you with them.

Although it has been known for a long time that acute pyogenic infections are

generally associated with hyperleucocytosis, Curschman (*Munchener Med. Wochenschrift*, 1901, pp. 1907 and 1962) was the first to emphasize this fact in connection with inflammatory disease of the appendix and to point out its possible diagnostic importance. He showed that leucocytosis of 22,000 is strongly suggestive of abscess and that a rise, even though temporary, to 25,000, indicates the existence of suppuration. Curschman's studies attracted much attention and the following years brought out many papers in which the relation of leucocytosis to appendicular disease was discussed. His results were largely confirmed but observations were also not wanting which tended to show that in the diagnosis of appendicitis, the blood count did not always indicate the actual status, and could scarcely be regarded as a trustworthy guide to operation.

In the controversy which arose between the laboratory men and the surgeons, the fact was brought out, on the one hand, that a high leucocyte count does not necessarily indicate the existence of suppuration and, on the other, that general peritonitis may exist even though the leucocytes are approximately normal in number. As a result, some surgeons place no value whatever upon the leucocyte count in the diagnosis of appendicitis, and tend to discredit so-called laboratory methods of diagnosis altogether. Others have been less radical and while realizing that there are limitations to the usefulness of the blood count, they are nevertheless willing to assign to it a place as a useful method in their diagnostic armamentarium.

In my own service, the leucocyte count is now made as a matter of routine in every case of clinically suspected appendicitis, and unquestionably furnishes information of much value. Formerly, only

the absolute count was considered but of late we have systematically made the differential count which my colleague, Dr. Charles E. Simon, has for a number of years insisted upon. He lays special stress, in the diagnosis of acute pyogenic infections, upon the increase of the neutrophiles beyond seventy-five per cent., especially when associated with a decrease below one per cent., or absence of the eosinophiles. (Clinical Diagnosis and International Clinics, 16th, series, vol. 1, p. 147) This correlation he speaks of as the septic factor. He lays great stress upon the presence of this septic factor in the diagnosis of acute inflammatory disease of the appendix. He regards the information obtained from the differential count as much more important than that furnished by the absolute count alone, and emphasizes the point that for the purpose of the general practitioner the differential count alone is sufficient for routine work and less apt to lead astray than the absolute count.

The technique is simple. The time required for the full examination need not exceed ten to fifteen minutes. As a result of our joint studies in this direction, we have now come to the following conclusions; given, as premises, clinical symptoms suggestive of acute appendicitis:

(1) With a normal differential count, acute inflammatory disease of the appendix can be definitely excluded.

(2) An absolute increase of the leucocytes beyond 15,000 the blood simultaneously showing the septic factor, may be regarded as evidence that an acute inflammatory process exists, warranting surgical intervention.

(3) A rising leucocytosis with septic factor, ceteris perhaps, indicates that the inflammatory process is progressive.

(4) As the leucocytes exceeds the 15,-

000 mark, a purulent condition will be encountered, the more likely, the higher the count, and the higher the percentage of neutrophiles. It is noteworthy, however, that in appendicular disease, the absolute count rarely exceeds 30,000 and that in the perforative and gangrenous cases, even values above 25,000 are relatively uncommon. In the vast majority of such cases the figures range between 15,000 and 25,000. Coincidentally, the neutrophiles are increased to eighty-five per cent, or more. The increase of the latter is sometimes most remarkable. In one fatal case observed by Simon, ninety-nine per cent., were counted. This, however is rare, and in the most active suppurative cases it is uncommon to find figures exceeding ninety-five per cent. The eosinophiles are at the same time absent or present in such small numbers that the relative proportion is well below five-tenths of one per cent.

(5) While a well marked and progressive leucocytosis may thus be regarded as indicating the existence of an active and progressive inflammatory process, and while errors of diagnosis in this direction are hardly likely to occur, a falling leucocytosis should always be viewed with suspicion and invariably controlled by the differential count.

(6) A disappearance of the inflammatory process should only be inferred, if, with the decline of the absolute count, there is a return of the neutrophiles to normal values, and, if at the same time, the eosinophiles reappear. This combination of events may indeed be viewed as a favorable symptom.

(7) If, however, associated with a decline in the total number of the leucocytes to maximal normal or lower values, the neutrophiles remain increased and the eosinophiles much diminished or absent, it may be inferred that the inflammatory

process still persists and that most likely perforation has occurred and general peritonitis has developed.

(In this very class of cases, the signal value of the differential count becomes apparent. Nothing would be more erroneous than to infer that because the total count has fallen, the patient is recovering. The differential count in such cases will tell the true story. In cases, therefore, in which operation has been deferred for some reason and in which the absolute count shows a tendency to return to normal values, differential counts should invariably be made and carefully studied. To repeat once more, a drop in the total number, associated with a persistingly high neutrophile count and subnormal eosinophile values, means, not recovery, but added danger).

If it is true that we learn more from our mistakes than from our successes, that would indeed be a dull and stupid mind which would fail to be impressed by experiences, at times most humiliating, such as have just been related in your hearing. I confess that certain convictions have been inevitably forced upon me, and I would in turn impress upon you with all the energy that I possess that which impressed me most, namely: The tremendous responsibility resting upon the physician first called to see the case.

This man in the vast majority of cases is the family doctor, the general practitioner. Upon him there rests the responsibility for the initial diagnosis and upon this, in turn, depends largely the nature of the treatment and the time when it shall be instituted.

It is with the general practitioner that I want to plead for a division of his responsibility. Share it early with the surgeon. Since, rightly or wrongly, he will be in the end held accountable for the result of the operation, let him at least

have the say as to whether or not it shall be performed, and when. Place upon his shoulders, where alone it rightfully belongs, the responsibility for delay, if delay there is. Do not, I beg of you, assume the dangerous role of protector of your patient against the surgeon. There are worst things even than a surgical operation.

Finally, let me warn you that failure upon your part to share this great responsibility with the proper person, at the proper time, will be dealing unfairly with the patient, with the surgeon, and with yourselves and for this failure you cannot long escape just criticism from an enlightened public.

SO-CALLED CONTINUED FEVERS.*

By J. J. Watson, M. D.
Columbia, S. C.

We often hear of continued fever, gastric fever, catarrhal fever, and other terms as vague used to designate a febrile condition that continues for ten days or more without appreciable symptoms or signs other than fever such diagnoses may satisfy the laity but the physician who is content with any of the above terms, or any term equally indefinite, must be possessed with an anesthetic conscience.

What is meant by a continued fever in this paper? A fever that continues with remissions or intermissions for ten days or more, in which nothing can be found by clinical methods to account for the fever. What pathological entities have we that produce such a picture? Four such conditions here, viz:—malaria, typhoid fever, phthisis and sepsis. We in the South are more frequently called upon to treat malarial fevers than physicians

*Read before the Annual Meeting of the South Carolina Medical Association at Anderson, April 15-17, 1908.

in any part of the United States, and we treat every day (especially in the fall and winter) more patients for malaria, who have some other form of fever, than physicians in any other part of our country. But because we have malaria with us all the time is no reason why a man cannot have some other kind of fever.

No malarial fever will continue for more than six days if the patient is cinchonized and kept so. Therefore, if a fever persists after the patient is brought under the influence of quinine and kept under its influence for six days it is not malaria.

Remittent malarial fever, if not treated with quinine, or if quinine is given and not absorbed, will pass into a typhoid state, with dry brown tongue, sordes, muttering delirium, distended belly, and may end in collapse and death. So, if you have cinchonized your patient for six days and he continues to run a temperature you are on the wrong track, and have increased his discomfort by your therapeutic test. Now, do not make him more wretched by your efforts than the disease would without them. Stop quinine and look for some other disease to account for the fever.

Typhoid Fever: At least 80 per cent. of the continued fevers we have are typhoid. This fever is no respecter of persons or locality; it is ubiquitous; therefore, it occurs in the most desolate as well as the most congested districts. I heard a member of this Association, some years ago, state that there had not been a case of typhoid fever in his town for forty years, and at the same time he reported three deaths from intestinal hemorrhages. Now gentlemen, there is nothing to be gained and everything to lose when we fool ourselves. A continued fever, with intestinal hemorrhages, should be sufficient to arouse the suspicions of

a first year medical student. In speaking of this fever Murchison observes: "There is no disease, in fact, which exhibits a more protean character, from preponderance of certain symptoms, and from the presence of complications."

Typhoid fever like all other infectious diseases, depends for the severity of its symptoms upon the amount and virulence of the infection on present and the resistance of the patient; so we see, that it is like the wind that varies from a mild eastern zephyr to a tornado. That the milder cases of this disease are not recognized is not entirely the fault of the general practitioners, for until very recent years teachers and text books drew a clinical picture that corresponded only to the severe cases, and with this picture in his mind as the only one of typhoid, the physician was not in a position to recognize the typical forms, and these are usually the ones that are responsible for the epidemics, for by our not recognizing them and taking the proper precautions we jeopardize the lives of hundreds. The disease may last from two weeks to two months, and more depending upon complications. It may be so mild as not to cause the patient to seek his bed, or so severe as to cause death. It is claimed that fever may be absent, or it may reach 107 degrees. The tongue may be moist and normal in appearance throughout the disease, or it may be the classical brown, dry, fissured tongue, without which symptom being present I have known physicians who would not make a diagnosis of typhoid fever.

The abdomen may be flat, no tenderness, not even gurgling in the right iliac fossa, or it may be tender and enormously distended. The spleen may not be appreciably enlarged. The nervous symptoms vary the same way from none to subsultus, carphologia and coma vigil. It

may commence abruptly with a chill and high fever, or it may commence with low fever and take the step-ladder route. It may end by crisis, but usually does by lysis.

Just a word about chills in typhoid fever. They may occur at the onset of the disease. They may usher in a complication, perforation, hemorrhage, pneumonia, phlebitis, periostitis. They may occur in convalescence without any complications, the chill being synchronous with the deposit of the bacilli in the blood; after the administration of coal-tar products, or the use of guaiacol, or as a result of a malarial infection.

I have seen numbers of cases with the "rose rash" that occurs in successive crops, last for three weeks; the last two weeks have normal or subnormal temperature in A. M., and temperature of 99 1-2 to 100 1-2 in afternoon. Some of these cases were desperately ill, feeble pulse, dry tongue, distended belly, and muttering delirium. These four symptoms are not peculiar to typhoid fever, but occur in any disease in which you have an intense toxemia. If we become more acquainted with the protean manifestations of typhoid fever we will hear less of gastric fevers, etc. Let not the absence of any one symptom deter you from making a diagnosis in any disease, but more especially in this one.

Fever of Tuberculosis: We are never called upon to decide a question more momentous to the patient, and at the same time more difficult, than to decide that a given continued fever is not commencing tuberculosis. If we treat such a case for three or four weeks for typhoid fever, with the abstemious diet that is usual in that disease we have seriously handicapped nature, and thereby given the disease such a start that it may be impossible for nature to check it.

By the difficulty encountered in diagnosing these fevers I do not refer to those cases that are well advanced and consequently have easily recognized signs, nor do I refer to those cases that commenced with hemoptysis, and then have fever, or the ones that have crepitant rales in the apex, and T. B. in sputum. What I do wish to call your attention to is that class of cases of tuberculosis, that are by no means rare, that commence with a chill and fever and closely simulate malaria, with this exception, that quinine has **no effect** on the chill and fever. There is no cough, consequently no sputum to examine, and the chest examination reveals nothing. Sooner or later a pleurisy and cough will develop, and T. B. will be found in the sputum. Two such cases have come under my observation in the last four months. It is well to remember that a patient who has a chill every day, in spite of quinine may have tuberculosis, and it is wise to examine his chest often and carefully.

The other class of cases, that present still more difficulties, are those cases of acute miliary tuberculosis, that run a course very much like typhoid, but even in these cases if we keep in mind the possibilities of a continued fever, we can, in a short time, determine accurately the kind of fever we have. In both miliary tuberculosis and typhoid there is continued fever, but as a rule the fluctuations are more **erratic** in tuberculosis, the fever curve is decidedly **irregular**; the highest point reached in the 24 hours may be in the morning. In tuberculosis the **pulse rate is high** in proportion to the fever. In typhoid it is **slow and often dicrotic**, but after the second week or if complications supervene, especially phlebitis, the pulse is rapid.

Of course the appearance of the rose rash or Widal reaction or typhoid bacilli

in the blood would exclude tuberculosis. Very recently Calmette has demonstrated the presence of tuberculosis by the reaction that follows the instillation of minute amounts of tuberculin into the eye. In the tuberculosis it causes redness and hypersecretion for some hours, while it does not do so in one who is not tuberculous. Pirquet also describes a new method of using tuberculin in cases of suspected tuberculosis. His method is as follows: "A mixture of Koch's old tuberculin with one part of five per cent. carbolic and glycerine mixture, with two parts of normal salt solution. The skin of the forearm is washed with ether, a drop of the above solution put on the skin, which is then punctured through the drop. Without any general disturbance a local reaction takes place within about 48 hours. The skin around the site of the inoculation swells up and becomes red, and a papule forms. This is usually about 1 c. m., in diameter, of a bright red color, gradually becoming pigmented." Burkhardt obtained the reaction in 97 per cent. of cases known to be tuberculosis, the non-tuberculous do not react. These two methods, for their simple technique and the emphatic results, will probably prove of inestimable value in the diagnosis of tuberculosis.

Septic fever: This fever usually runs a very erratic course, with wide variations, each remission followed by a sweat. It differs from malaria in having no regular time of day to exacerbate; the characteristic of malaria being marked periodicity. Usually there will be some local manifestation, such as pain, swelling, etc., that will direct one's attention to the collection of pus. This, however, is not always the case, and it is those exceptions that we must keep in mind, and be able either to locate the condition or eliminate it.

Septic conditions following pneumonia:

In these conditions usually we do not get any hint from pain, but if we will remember the rapid convalescence that follows uncomplicated pneumonia, and when our cases continue to run a temperature after the crisis, and the chest remains dull or flat, do not think of an unresolved pneumonia, or typhoid pneumonia. All of my cases of "unresolved lung or typhoid pneumonia" eventually turned out to be either an empyema, pulmonary abscess, or septic endocarditis. The last mentioned condition often presents great difficulties in being differentiated from typhoid, on account of the absence of definite heart symptoms, and from the fact that the two diseases very closely simulate each other clinically. In fact there is no symptom or set of symptoms that you can have in one and not in the other, except in the embolic processes that occur in endocarditis. The blood count, fortunately, will settle the question, for in septic endocarditis, as in all septic processes, you get a leucocytosis, with a great increase in the percentage of the polymorphonuclear cells, whereas in typhoid you get a low leucocyte count.

Discussion.

Dr. Carpenter: It might be well to call attention to the fact mentioned in the doctor's paper, the opthamo diagnosis of tuberculosis in the advantage it has over the systemic reaction. Calmette, with his method inoculated 360 odd children in his clinic, and with uniform positive results. In adults the results are not uniform, hence the method is unreliable in the differential diagnosis of tuberculosis in adults.

Dr. A. B. Patterson: Early in my practice the doctors were discussing and differentiating this question as to malaria and typhoid fever. In those days everything was called typhoid, until a distinguished confederate soldier and surgeon located in our town and differed with the gentlemen in regard to these questions. I began to practice

medicine about that time and heard these differences. Of course, I didn't know who was right in the matter; I simply had to go to work to study the question for myself, and it took me a good many years to satisfy myself in regard to the typhoid fever question. In my county I haven't seen any typhoid fever except in one family. I live in one of the worst malarial sections in the South. A few years ago, about five or six, there was a woman that went to Augusta with her little boy, to visit some sick relatives. When she returned, her boy was taken with fever. Their physician was called in, and treated that case as malarial fever. There were ten or eleven in that family, and they all had it, and half of them died of it, but the diagnosis of typhoid fever was not made. I saw the first and the last one of them only in their convalescent state. Taking into consideration the history, I was satisfied that it was typhoid fever. We have a great deal of malarial fever, and the continued type of it runs its course uninfluenced by quinine. If I have learned anything in the practice of my profession it is that quinine has no controlling influence upon continued malarial fever. I have made a thorough test of it. I know that I have the authorities against me on this subject. Dr. Thayer, in his last work on fever, mentions the fact. I have been testing quinine, and find out that in a great many cases, the majority of them, the quinine is very little absorbed; the capsules are not absorbed, but pass through the bowels undissolved,—that the quinine, when dissolved with sulphuric acid and made into pills, will pass through the bowels undissolved. So a few years ago I conceived the habit of injecting the quinine hypodermatically—not in the quantities Dr. Thayer has recommended—not ten grains every three hours hypodermatically—but I can give, and have given, hypodermatic doses of quinine in moderate quantities, and I am satisfied that it has no controlling effect upon continued malarial fevers.

Dr. J. A. Hayne: I enjoyed Dr. Watson's paper very much indeed, as I am now on the Isthmus of Panama, where we have a chance to study malaria about as thoroughly as it can be done anywhere in the world, I suppose. The consensus of opinion there is that after microscopic examination of the blood

and finding the malarial parasite—either the tertian or the quartan—immediate administration of quinine, in a form that will be absorbed, always controls the fever. The estivo autumnal parasite is much more resistant to the quinine than is the tertian, but if the quinine is given hypodermatically, we uniformly have results in about seven to nine days. I must differ with Dr. Watson in regard to the fact that continuous fever for six days is never malarial if quinine is administered. I have seen it administered hypodermatically with microscopical examination and finding the estivo—autumnal parasite and negative Widal, and no other symptoms of typhoid, that lasted for eleven days, and the fever finally yielded to the administration of quinine hypodermatically.

Dr. C. F. Williams: I would like to ask Dr. Watson if he would eliminate hereditary syphilis from that list of fevers which might be termed continued fevers? I have had two cases where I was unable to make a diagnosis at all and no pathological conditions—unable to get the malarial parasite—patient did not give the Widal reaction, and subsequent history of the patient convinced me it was not tuberculosis, nor was it septic. On administration of iodide of potash both patients made a speedy recovery. In both of those cases there was no indication of syphilis except a slight notching of the teeth, such as you see in many children with no trace of syphilis. I think in these continued fevers we cannot throw out absolutely hereditary syphilis.

Dr. Sosnowski: There is one thing that I would like to call attention to in the paper. The doctor made a statement that in sepsis you invariably get an increased number of leukocytes. In acute cases of sepsis, overwhelming toxemia, that is not always present. The leukocytosis seems to be more a resisting power of the patient than from the virulence of the infection, consequently the statement that you get always an increase in the number of leukocytes does not always hold good.

Dr. Watson: I think Dr. Hayne has answered Dr. Patterson as to his doubt concerning the reliability of quinine as a curative in malarial fever. I won't touch on that. It is conceded the world over that if you have a specific plasmodium as a specific cause of malaria, that quinine will cure it—

is a specific. Perhaps if he will have some of the blood examined he will not find a plasmodium in those continued cases that quinine does relieve. This paper is written on individual experience. When I say this, it has been my observation. That of others may differ. Dr. Hayne says he is now in Panama; I am in Anderson. Dr. Williams has put a proposition to me I am unable to answer from the data given by him. The cause of that fever I don't know, but that a child that had reached the age to get teeth should have temperature from hereditary syphilis and never presented any symptoms before I can scarcely imagine. In acute sepsis, we may not have toxemia. The point I wished to lay stress upon was not perhaps clear. In a walled-off abscess from appendicitis, you may get an almost normal leukocyte count and polymorphonuclear cells would be increased. I think one of the few questions settled is that quinine will cure malaria if absorbed.

TUMOR OF THE CAROTID GLAND, WITH REPORT OF A CASE.*

By R. S. Cathcart, M. D.,
Charleston, S. C.

In November, 1906, I reported briefly to our local medical society a case of carotid tumor. After thorough research I find so few have made record of this condition, some men of unlimited surgical experience claiming never to have recognized a case, that its apparent rarity makes me feel that this subject would be of interest to you and also that I should add my case to those few reported.

Drs. W. W. Keen and John Funke, of Philadelphia, read a most complete paper on Tumors of the carotid gland in the section on surgery and anatomy of the A. M. A. at its meeting in Boston, June, 1906. Dr. John C. DaCosta, of Philadelphia, read a paper on the same subject

before the Philadelphia Academy of Surgery, May 7th, 1906. Dr. Hearn of the same city and hospital as Drs. Keen, Funke and DaCosta, operated on a case in 1903. Is it a coincidence that these three men of the same school should each have had a case of the supposed rare condition, in the space of less than two years, or did the experience of Dr. Hearn's case put them more on their guard as to the existence of tumors of the carotid body? I freely admit that my case was not diagnosed until after my attention had been called to Dr. Keen's article, and a microscopical examination made of the specimen removed.

Anatomy and Histology.

The term carotid gland is a misnomer. It is not a gland and should be more properly spoken of as the carotid body. It consists essentially of blood vessels, and is described in DaCosta's article "as a structure placed in the bifurcation of the common carotid artery; to the inner side of the vessel on a lower level than the bifurcation; or on the posterior surface of either the external or internal carotid. It probably always takes its origin from the sheath of the internal carotid. In human beings it is frequently absent." (Funke states that he finds it more constantly now than formerly). "At least it is frequently absent in those beyond puberty. It is encapsulated in fibrous tissue, is fastened to the sheath of the internal carotid, and the gland with its capsule is embedded in a considerable amount of fat. In shape it is oval; in color, reddish-brown. Its size, when not enlarged, is about that of a grain of corn. The septa from the capsule divide the organ into follicles, or cell-balls; and these cell-balls are composed of numbers of endothelial cells and capillary blood vessels. A small branch, several branches or many

*Read at the Annual Meeting of the South Carolina Medical Association, at Anderson, April 15-17, 1908.

branches from the carotid artery pass into the carotid body; and the carotid flexus of the sympathetic nerve is in very close relation with the body." Luschka states that the carotid gland or body is analogous to the coecygeal and suprarenal glands. Its function is unknown.

The carotid body was first described by Haller over a century and a half ago. The first tumor of the body was not recognized until 1891. Since the time of Haller anatomists have made little or no mention of the existence of this body. The late textbooks on anatomy made no reference to it whatever, or only state its existence without describing it. The carotid body is supposed to atrophy after puberty, if it does not a tumor is liable to develop in it. The cases reported by Dr. Keen occurred between the ages of 13 and 73 years, and were divided practically equally between the sexes.

Pathology.

Tumors of the body are first noticed by the individual as a small lump in the side of the neck about the size of an almond. In a majority of cases these grow very gradually for several years but sooner or later their growth becomes rapid. Some cases extend to the spine, others to the base of the skull and others to the trachea. The case usually presents itself for relief when the tumor has reached the size of a hen's egg. In shape the tumor is usually ovoid or oval. Its consistency varies; in my case it was rather firm. There is no external discoloration of the skin. The tumors are brownish red in color and have very much the appearance and consistency of goiter.

The location of the carotid body makes growths of it, when they develop, most important from a surgical standpoint. As the body or growths increase in size they

envelope one or all three of the carotid vessels, and they may also involve the jugular vein and the nerves of the neck. Its close relation to the pneumo-gastric adds greatly to the mortality.

Symptoms.

These growths rarely produce symptoms other than the presence of the tumor. There is little or no pain and the individual usually applies for treatment on account of the disfigurement. In the majority of cases they have not been diagnosed until after operation was started. The diagnosis has to be made on the location of the tumor. When seen early, while it is of small size, it lies at first underneath the sterno-cleido-mastoid muscle. As it increases in size it is only partly covered by this muscle. The skin over the tumor is freely movable. The tumor itself is movable from side to side but not up and down on account of its attachment to the arteries. It is not tender to the touch. Its shape is oval, and of one mass, not nodulated. On account of the internal and external carotid arteries passing through or being on the side of the tumor, it gives a transmitted pulsation. In some cases a bruit or thrill were noticed. Its growth is usually very slow.

Prognosis.

In regard to the danger and the mortality of the operation for the removal of the growth: From the time of the recognition of the first case of tumor of the carotid body, in 1891, to June, 1906, Dr. Keen has collected, and reports in his article, twenty-nine cases. Twenty-seven in the living, and two found post mortem, one case in the living was not operated on. The results in the twenty-six cases are interesting and impress upon one the gravity of the operation. He gives an immediate mortality of 27 per cent. To this

he adds one, a year later, from recurrence, and three others from recurrence in prospect.

The causes of the immediate deaths are given as follows: Four cases from pneumonia, in all of which the pneumo-gastric was divided or resected; one from hemorrhage; one of cerebral anaemia; one of edema of the lungs.

To this mortality the following complications are added as result of the operation: Two cases of hemiplegia with aphasia; in three cases the voice has been affected; one case of tracheal irritation, producing constant cough; in four cases the tongue has been deviated to one side and the palate has been paralyzed; in two cases the face was partly paralyzed; and there were two cases of altered pupil.

This leaves only seven cases in which recovery occurred without any complications. The case that I report is nearly two years since operation. At the present time the patient is in perfect health and may be added to the seven complete recoveries.

A study of the causes of the mortality and complications reveal the danger of surgical interference. The necessity of ligation of one or all three of the carotid vessels, alone, make it a most formidable operation, and added to this we have nerve injury or resection and the dangers of the recurrence of the growth on account of its probable malignant character. Some operators have attempted to separate the growth from the vessels, leaving the vessels intact. These cases have had recurrence of the growth. In my case all three vessels were ligated and resected, no attempt being made to dissect the tumor from them.

The mortality from ligating the common carotid is given by various authorities as from 25 to 42 per cent. Though its mortality improved somewhat after

the advent of aseptic surgery, it has not been appreciably lowered since the first successful ligation of the common carotid in 1808, by Sir Ashley Cooper.

Report of Case.

The following is a report of my case, operated upon October, 1906: White male, aged 33 years, previous and present health good. He first consulted me in August, 1906, for a tumor in the side of the neck, about the size of a pigeon's egg. He stated that he had noticed this lump for the first time about two years previous, then it was quite small, about half the size it was at this time. Its growth had been very gradual and slow. It was not tender and he complained of no pain or discomfort. I advised him to leave it alone. When he consulted me again, two months later, in October, at the time of the operation, the tumor had increased rapidly in size to that of a hen's egg. He then complained of no pain, but stated that he had some slight interference in swallowing. He was completely deaf in his left ear; this deafness came on gradually.

The tumor was movable, firm, and rather hard to the touch. I suspected malignant growth on account of its rapid increase in size since he first consulted me, and advised operation, warning him of the dangers on account of the location. He consented, and operation was performed. The tumor was located, apparently, about the bifurcation of the common carotid artery. It was partly beneath the sterno-cleido-mastoid muscle projecting from beneath the anterior margin of this muscle.

Operation: An incision was made along the anterior margin of the sterno-cleido muscle and the tumor exposed. In attempting to dissect it I was struck with its great vascularity, it bled from the whole exposed surface. I was not able to control this hemorrhage and immediately decided to ligate the common carotid, which appeared to go into the base of the growth. This controlled the hemorrhage, and on account of the early ligation of the artery, little blood was lost.

The dissection was then commenced and the growth was found to project from about a half-inch below, to the bifurcation of the common carotid, completely surrounding this part of the vessel, extending upwards about two inches. The internal and external carotids were imbedded on either side of the tumor, the growth overlapping them. Seeing this, I ligated the internal and external carotids above the growth and divided them. These vessels and the tumor were resected.

The man reacted well from the anaesthesia and made an uneventful recovery, the only symptoms following the operation were a hemiparesis for two days, confined to the side on which the vessels had been ligated, and on the third day there was dryness of the throat, producing a slight cough, this only lasted a few hours. The deafness complained of, before operation, gradually disappeared. The wound healed nicely. The patient was confined to bed eight days and to the Infirmary two weeks.

Being a periodical drinker, he was advised, on leaving the Infirmary, on the importance of taking care of himself. This advice he did not follow, but proceeded, the same day of his discharge, to get on a spree and continued it for ten days. Since operation he has followed daily his vocation, that of a printer. A day or two ago, at the time of this writing, I had him to come to my office for examination. There is absolutely no evidence of a recurrence of the growth, and he states that he has never experienced any bad symptoms.

Microscopic Examination.

The following is a report of the microscopical examination of the specimen as made by Dr. J. Austin Ball:

"Sections of tumor show microscopically a fairly well-marked fibrous capsule, sending septa within the structure, dividing it up into alveolar-like spaces. The majority of these spaces are filled or partially filled with numerous round and irregular well-nucleated cells, and also numbers of red blood corpuscles. A small number of the spaces contain only blood-cells, these spaces appearing like dilated blood channels lined by endothelium. The

connective tissue stroma appears to dip in between the tumor cells in the alveolar spaces. The cell elements resemble epithelial structures closely. Many of them show distinct mitotic changes. The tumor is exceedingly vascular. The blood vessels of the stroma are quite numerous and possess fairly well formed walls; but in most of these cases numerous red corpuscles are freely intermingled with the cells filling these areas, in some the blood is confined to the center of the alveolus. With the one-sixth objective, the essential elements seem to be a proliferation of the endothelial lining of a series of vascular channels. A few places in the sections show rather well formed acini lined with irregular polyhedral elements presenting the appearance somewhat of the pancreatic acini."

I make due acknowledgment for the free quotations from the papers of Drs. Keen, Funke, and DaCosta.

Minutes of the Scientific Sessions

ANNUAL MEETING OF THE SOUTH CAROLINA MEDICAL ASSOCIATION, AT
ANDERSON, S. C., APRIL 15-17,
1908.

The Sixtieth Annual meeting, Scientific Session, of the South Carolina Medical Association was called to order by President Legrand Guerry in the Court Room of the County Court House, at Anderson, S. C., at 10 o'clock on the morning of April 15th, 1908, with a large and enthusiastic gathering of members, guests and citizens.

The meeting was opened with prayer by Reverend John F. Vines, pastor of the First Baptist Church of Anderson.

Hon. P. K. McCully, Mayor of Anderson, was introduced by President Guerry, and extended a welcome on behalf of the City of Anderson. He spoke of the great pleasure it was to Anderson to have the Medical Association with them, and expressed the conviction that their stay would convince the doctors that Anderson was the proper place to select for a permanent meeting place. He said: "The freedom of the city is

yours. I am instructed to place in your hands the keys to all the departments of the city, and have instructed the police department to hold themselves subject to your absolute orders. We welcome you to this land, where the Almighty has poured out on the people his most lavish blessings. Our soil is the most productive; our climate is unequalled; our health is God-given; our resources are unlimited. Our own doctors will bear me out in the statement that the health of our people is distressingly good. So much so, that an unfortunate individual who happens to be afflicted with an old fashioned stomach-ache and sends for a doctor, he will proceed to make the diagnosis in the hunt for a fully developed two hundred dollar case of appendicitis. I do not say this with any reflection, but only to illustrate the situation." Mayor McCully referred to the new Anderson County Hospital, just completed, and paid a high tribute to a distinguished member of the Association, Dr. W. H. Nardin, who had assisted so much in the completion of the enterprise.

General Bonham's Address.

Gen. M. L. Bonham was next introduced, to extend a welcome in behalf of the Chamber of Commerce. Gen. Bonham said:

"Mr. President, and members of the South Carolina Medical Association, my partner, Mr. Watkins, was selected by the Chamber of Commerce of Anderson to make this address of welcome, but knowing the proneness of the circuit court of the United States to interfere with gatherings in South Carolina now, after consulting with me, and our other partner, Mr. Allen, he went to Asheville to see if Judge Pritchard intended in any way to interfere with your proceedings. I don't know how this secret leaked out, but evidently Mayor McCully heard before I did the contents of this telegram which I hold in my hand. I am curious to know how he found out the particular line of duty which Judge Pritchard had marked out for him and his officers to pursue. This is the telegram received from my partner by me; 'Petition granted. The members of the South Carolina Medical Association are hereby appointed receivers of the City of Anderson, and are directed and

empowered to take control and management of the affairs of the said city, and Mayor McCully and his police officers are hereby enjoined and restrained from exercising any police powers, and are hereby ordered and directed to turn over the keys of the city to the South Carolina Medical Association. Herein fail not, on the pain and penalty of being imprisoned along with the members of the Dispensary Winding-up Commission.' (Applause).

"I say I don't know how Mayor McCully found that out, but he found it out in time to take cover, and to extend to you the full freedom of the city.

"Gentlemen, there is not in all the range of human endeavor one which so evokes and calls into play the highest attributes of human nature as does the practice of medicine. That man who devotes his life and his time to this calling, has a soul attuned to its dignity and its beauty, is to my mind, next to those ordained of God to perform his special dehests, engaged in the noblest calling on earth. With a heart always ready to respond to the call of distress, with a hand always ready to relieve suffering, in the stress of weather and in the danger of battle, under any and all conditions primed and ready to discharge every duty, they are indeed, as the greatest of all Englishmen said of them, 'the ambassadors of good.' I often wonder if the doctor knows the infinite relief which his very presence gives to those whose souls and minds are racked with anxiety. I wonder if they realize the longing with which the suffering patient looks for their coming. I wonder if they know the great comfort and happiness which their very entry into the sick room gives. If they do—if they realize this—then indeed are they alive to the great opportunities which their profession holds for doing good to humanity and following the footsteps of Him who went about doing good. I verily believe that in the great Hereafter, when the recording angel reads from his book of accounts of the lives of men the debits and the credits, that in no profession and to no set of men will there be a greater meed of honor given and a greater share of the blessings contained in the Savior's promise, 'In as much as ye have done it unto one of the least of these, my brethren,

ye have done it unto me.' For these men have heard the cry of the pauper and responded thereto—I was about to say as quickly, but I venture to say more quickly, than they have heard and hearkened to the prayer of the rich. Such men must receive hereafter the meed of "well done" from the Great Physician of us all, as they receive here on earth the love and affection and admiration and respect of their fellow men.

"If it be true, as the old song hath it, that the saddest word that the tongue can tell is the sad sad word 'good-bye,' then the converse of that proposition should be true, and the gladdest word that the tongue can utter ought to be and is the word 'welcome.' It implies that you have welcome into our hearts and homes and our lives and our joys. And in that spirit, and with that view, on behalf of the Chamber of Commerce of Anderson we bid you a most hearty welcome. (Applause).

Dr. Nardin's Welcome.

Dr. W. H. Nardin, Jr., was next introduced and welcomed the association on behalf of the Anderson County Society. He said: "Gentlemen of the Medical Association, I think a little joke has been played on you this morning. I have been asked to address you. You have never heard me make an address, or I would not have been asked, nor would you have expected it of me, especially after the eloquent address you have just heard. I desire, however, on behalf of our society, to extend to you a most cordial welcome. We are happy to have this distinguished body with us, and hope your stay will be as pleasant and as profitable as the knowledge of your coming has been to our county society. Twelve months ago we barely had a handful of members, with no interest whatsoever in the working of the county society. The knowledge that you were to be with us this year created a new interest, and we now have on our rolls the names of all of the registered licensed physicians in the county, with four exceptions, and those we expect to interest before you leave from your good work.

"If any of our members can be of service at any time, don't hesitate to call on us.

We want you to have as good a time as we can afford. The town is open to you, as the Mayor says: our hearts are always open to you." (Applause).

The President's Address.

Vice President Marsh was called to the chair and the president's Annual Address was read by President Guerry.

(For text of this address see Journal for May, 1908.—Ed.)

Dr. Whaley: I move that the president's address be referred to a committee of three, to consider and report on the recommendations therein made. Motion adopted.

Dr. Frank Lander, Dr. C. B. Earle and Dr. W. J. Burdell were appointed to serve on this committee.

Dr. Finney Introduced.

President Guerry announced that Dr. Cabot, who was next on the program for an address, had not arrived as yet, but that Dr. Finney was present, and unless there was objection he would fix Dr. Finney's address as a special order for the opening of the afternoon session. There being no objection it was so ordered.

On motion of Dr. W. J. Burdell the privileges of the floor were extended to Dr. Finney and any other guests present.

Papers Read.

The regular program was then taken up and the following papers were read:

"Acute Bowel Obstruction." Dr. A. B. Knowlton, of Columbia. Discussed by Dr. C. M. Rees, Dr. J. Adams Hayne, Dr. A. B. Patterson and Dr. Knowlton.

"Continued Fevers." Dr. J. J. Watson, Columbia. Discussed by Dr. E. W. Carpenter, Dr. A. B. Patterson, Dr. J. Adams Hayne, Dr. C. F. Williams, Dr. J. F. Sosnowski and Dr. Watson.

"Retro-peritoneal Abscess: Probably Caused by Diverticulitis." Dr. Chas. M. Rees, Charleston. Discussed by Dr. A. B. Knowlton.

"Skin Grafting." Dr. Mary R. Baker, Columbia. Discussed by Dr. S. C. Baker, Dr. Bailey, Dr. Knowlton, Dr. H. R. Black, Dr. C. B. Earle.

"Is Medico-Legal Legislation Needed in South Carolina?" Dr. Walter Cheyne, Sum-

ter. Discussed by Dr. W. J. Burdell, Dr. H. R. Black.

On motion of Dr. Rees, this paper was referred to the Council for consideration and report to the House of Delegates on the recommendations made.

"Torsion of the Omentum." Dr. T. P. Whaley, Charleston. Discussed by Dr. J. M. T. Finney.

"A New and Effective System of School Hygiene." Dr. E. A. Hines, Seneca. Discussed by Dr. Burdell.

At 1:30 P. M. the morning session was adjourned.

AFTERNOON SESSION.

President Guerry called the meeting to order at 3:30 P. M., and announced as the special order for this hour the address of Dr. J. M. T. Finney, of Baltimore.

Dr. Finney read an address on "The Differential Diagnosis of Appendicitis," which was heard with marked attention and interest.

Dr. Finney Elected Honorary Member.

Dr. W. C. Black: I move, Mr. President, that the thanks of this association be extended to Dr. Finney for his most excellent and classical address, and that he be elected an honorary member of this association.

The motion being seconded, Dr. Finney was unanimously elected to honorary membership in the association.

The regular program of papers was resumed, as follows:

"Have the Recent Reported Deaths from Diphtheria and Antitoxin Injections Been Satisfactorily Explained?" Dr. L. C. Stephens, Greenville. Discussed by Dr. Carpenter, Dr. Lancaster, Dr. Whaley, Dr. Hamilton and Dr. Stephens.

"Some Nervous Manifestations of Gastro-Intestinal Auto-Intoxications." Dr. J. C. Sosnowski, Charleston.

"Do We Pay Enough Attention to Prophylaxis?" Dr. W. J. Burdell, Lugoff. Discussed by Dr. Wyche, Dr. A. Coward, Dr. E. L. Patterson and Dr. Burdell.

"Placenta Praevia." Dr. H. R. Black, Spartanburg. Discussed by Dr. S. C. Baker, Dr. Cheyne, Dr. Timmerman, Dr. Jones, Dr. Hines, Dr. Wyche, Dr. J. F. Williams and Dr. H. R. Black.

NIGHT SESSION. 8:30 P. M.

"Tumor of the Carotid gland, with report of case." Dr. R. S. Cathcart, Charleston.

"Puerperal Eclampsia." Dr. H. L. Shaw, Fountain Inn. Discussed by Dr. J. A. Hayne and Dr. D. D. Salley, Dr. Swygert and Dr. Tripp.

"Recent Discoveries in Intestinal Digestion and Disorders." Dr. Fillmore Moore, Aiken.

"The value of X-Ray Photography in the Treatment of Fractures." (With photographs). Dr. S. C. Baker, Sumter.

"Successful Treatment of Catarrhal Deafness, With Especial Reference to Conditions in the Fossae of Rosenmuller." Dr. J. W. Jerve, Greenville.

"Uncinariasis." Dr. William Weston, Columbia. Discussed by Dr. J. A. Hayne, Dr. Burdell, Dr. Richard Cabot.

Dr. Cabot Introduced.

President Guerry: It gives the Chair a great deal of pleasure to extend the privileges of the floor to our distinguished guest, Dr. Cabot.

At the conclusion of this discussion the meeting adjourned until 10 o'clock Thursday morning, April 16th.

MORNING SESSION, APRIL 16TH.

There was a large attendance of members and guests present at the opening of the morning session on Thursday, it having been announced that the address of Dr. Richard Cabot, of Boston, would be the first number on the day's program.

Dr. Cabot spoke on the subject announced, "Psychotherapeutics." He was frequently interrupted by applause, and the closest attention was given him throughout the whole of his address.

Dr. Cabot Elected Honorary Member.

On motion of Dr. Burdell, Dr. Cabot was extended a vote of thanks for his able address, and was elected an honorary member of the association.

The regular program was again taken up and the following papers heard:

"Ophthmo—Reaction in Tuberculosis." Dr. E. W. Carpenter, Greenville.

President Anderson, of the Tri-State Association of the Carolinas and Virginia, was introduced by Dr. W. P. Timmerman and extended the courtesies of the floor.

Dr. Anderson: I am very glad to be with you, Mr. President and Gentlemen, and I appreciate your courtesy.

"Gall Stones." Dr. W. C. Black, Greenville. Discussed by Dr. Knowlton and Dr. Hayne.

"Diagnosis," Dr. T. L. W. Bailey, Clinton.

"Physician in Politics and the Political Physician." Dr. F. Julian Carroll, Summerville. Dr. Carroll read his paper by title, and said: "And we are pressed for time, Mr. President, I will ask the congressional privilege of having my paper printed in the record, with "laughter" and "applause" inserted in appropriate places." (Laughter).

"The proposed work of the South Carolina Anti-Tuberculosis League." Dr. A. Bethune Patterson, Barnwell.

Dr. Guerry: "It will be necessary to have a meeting of the House of Delegates before dinner, and if there is no objection the general meeting will now stand adjourned until the regular afternoon session at 4:30."

There being no objection, the meeting adjourned.

AFTERNOON SESSION, THURSDAY, APRIL 16TH.

The meeting was called to order at 3:30 P. M., by President Guerry.

President Guerry: There was a waiter of fragrant roses here this morning, which one of the members of the Association took to Mrs. Cabot, at the Hotel, in the name of the Association. I have from Mrs. Cabot the following note:

"Dear Doctor:—I want to thank the Medical Association through you for the superb and most fragrant roses they so kindly sent me. We Northerners rarely see so many beautiful kinds of roses all at once, and I am especially appreciative of your thoughtfulness to me and to Dr. Cabot. Very cordially yours, Ella Lyman Cabot."

Elections Announced.

President Guerry announced the result of the annual elections held by the House of Delegates, as follows:

President: Dr. S. C. Baker, Sumter.

First Vice President: Dr. H. R. Black, Spartanburg.

Second Vice President: Dr. W. H. Nardin Jr., Anderson.

Third Vice President: Dr. A. T. Baird, Darlington.

Secretary: Dr. Walter Cheyne, Sumter.

Treasurer: Dr. C. P. Aimar, Charleston.

Installation.

Drs. Wyche and Nardin, at the request of President Guerry, presented the president-elect, Dr. Baker, for installation.

President Guerry: Dr. Baker, it gives me a great deal of pleasure to welcome you as my successor. I am not given to flattering a gentleman, but I do not think a wiser selection for the office would have been possible. No man could have been selected who would give more time to the interests of the association than you will, and I will be well in the bounds of conservatism when I say that there is none so richly deserving of the honor.

I wish to thank you, Gentlemen of the association, for the uniform courtesy and kindness you have extended to me during the year of my presidency. It will go down in my life as one of the pleasantest years I have ever spent, and I now turn over to your newly elected president, Dr. Baker, this gavel of authority. (Applause).

Dr. Baker: Gentlemen of the South Carolina Medical Association: I am at this moment stricken with that disease alluded to by Dr. Cabot this morning—stage fright. There are a great many things I would like to say, but unfortunately I have not had time enough to practice my impromptu speech of acceptance so as to get over the affection which this occasion has engendered. I thank you from the bottom of my heart for the honor you have conferred upon me. There is no gift in your power, or in the power of any body of men, which could call forth such high appreciation as election to the position of presiding officer of this association. In times past the office has been bestowed as an award of merit. One likes to be well thought of by his confreres. They are men who are able to judge of his worthiness of unworthiness, and when they put upon him the seal of "well-done" it is

a thing to be proud of to the end of his days.

Gentlemen, I do not feel that I alone am competent to cope with the many difficulties that beset the profession, but with your help I will do my best. Again I thank you. (Applause).

Resolution of Thanks.

Dr. C. T. Wyche offered the following resolution, which was unanimously adopted by a rising vote:

"Resolved: That the members of the South Carolina Medical Association hereby tender their hearty thanks to the Anderson County Medical Society, and especially to its zealous president and secretary, for their kind entertainment and courteous attention during the sessions of the association."

On motion of Dr. Wyche the remaining papers on the program were read by title and ordered printed in the Journal.

The following were presented:

"Pneumonia and Complications." Dr. E. L. Patterson, Barnwell.

"Some disadvantages of Prescribing Proprietary Preparations." Dr. J. B. Townsend, Anderson.

"The Influence of a Pathological Tonsil upon Health." Dr. Jno. F. Townsend, Charleston.

Dr. Cheyne: To my, mind, Mr. President and Gentlemen, this has been a most successful meeting, the scientific session being one that I am proud of. As to the character of the papers, it is my fortune to have the State Journals and the Transactions of every State in the Union come into my office, and I am perfectly willing for any comparison to be made by any other State with the papers presented here at this Scientific Session of the South Carolina Medical Association. I have worked toward this end, and the members have responded, and it is the greatest pleasure to me to see the high character of the scientific papers that have been read here.

On motion the Meeting adjourned.

The "Specialist.": When we see two surgeons qualifying as experts on insanity, as occurred in a recent murder trial in Kansas City, we are startled into wondering whether surgery is a specialty or a part of the work

of every general practitioner. To the disinterested observer it seems as if the surgeon has no right to ask general practitioners to refer patients to him unless he is willing to become a real specialist, instead of a "tin-horn" one. Such "expert" testimony does more to damage the fair name of medicine—to injure you and me, my brother—than all the osteopathy or Christian Science let loose from the asylum. Hence we shall do well to encourage real specialism and support the real specialists—Jour. Kansas Med. Soc.

County Societies

ABBEVILLE.

The Abbeville County Medical Society met April 3rd, in the Commercial Club Rooms, Vice-President J. B. Britt presiding. District Councilor O. B. Mayer of Newberry, was present and gave us an interesting talk on the work that was being accomplished by the organized profession in the state and United States. We always enjoy Dr. Mayer's visits and are sorry that he does not get around oftener.

Needles and Pins—Trouble Begins.

Under the head of clinical cases Dr. Neuffer reported a very interesting case, viz: A negro woman, age forty, married, no children, general health moderately good, was suddenly attacked during the night with cramp and shortness of breath. She had during the day been cleaning her house and collected a number of pins and needles which she put in a tumbler on the mantle piece. When this sudden pain came on she woke her husband to give her a dose of medicine quick. In the darkness he poured the medicine in the glass with the pins and needles; she swallowed the entire contents of the glass. Since that time, two months ago, Dr. Neuffer has removed several pins from her mouth, after her having a prolonged coughing spell. Dr. J. C. Hill and Dr. Simpson have also gotten pins from her mouth in Dr. Neuffer's absence. Her husband has removed several from her chest, etc. Altogether one hundred and sixty two pins and needles have been gotten from this woman. That is the total to date and we

are expecting quite a number more to come.

This case was freely discussed but we have not made a positive diagnosis yet, but will report on it again.—C. C. Gambrell, M. D., Sec'y.

CHARLESTON.

March Meeting.

Our mid-monthly meeting in March was of unusual interest. Dr. Mood read a paper which provoked a general discussion on arterio-sclerosis. Dr. Cornell showed a case from one of the sea islands, his diagnosis being pellagra. The three cardinal symptoms of this disease were well marked, a dermatitis of exposed parts, resistant diarrhoea and dull mentality.

Kinloch Home for Nurses.

The business meeting on April 1st. was largely attended, and much business of a routine character was transacted. The outlook for a large attendance from our society to the state Association meeting was good. The plans for the R. A. Kinloch home for nurses, drawn up by Wm. Martin Aiken, the architect who designed the Roper Hospital, were displayed and are very complete. The fund with which this house is to be built was started in the early eighties, when Dr. R. A. Kinloch founded the South Carolina Training School for Nurses. It was not started by the King's Daughters, as stated by your correspondent last month.

The Polyclinic.

Some changes in the Faculty of the Polyclinic School were made. Dr. Speissegger was elected to succeed Dr. Jackson, resigned, on Anaesthesia, and Dr. Taft to fill vacancy caused by the resignation through ill health, of Dr. La Roche Wilson, in the Chair of Pediatrics.

Sic Passim.

Dr. Aimar is talking base ball once more. He expects to have out a very strong aggregation of ball-tossers to meet all comers. Competition for places in the field is brisk. Here men are needed who are familiar with taking in high-balls. The druggists and the dentists will each have out a team, and the outlook is that many long afternoons will be pleasantly spent, while most of our

patients have gone abroad for the summer.

"Dulce est desipere in loco."

May Meeting.

At its regular monthly meeting for May, business of importance was transacted by the society.

A full report was made of what was done by the House of Delegates in Anderson. A resolution was passed endorsing the action of the president and Dr. Sosnowski in inviting with the Dorchester County Medical Society the State Association to meet in Summerville, and a committee was appointed to confer with the Dorchestans. We are indeed fortunate in having the convention so near Charleston, and will do our utmost to make things hum.

Portrait of Dr. Rhett.

An oil painting of the late Dr. R. B. Rhett, Jr., was tendered the society by Drs. Whaley, Baker, Maybank and Aimar, and accepted with a unanimous vote of thanks. The portrait was painted by Miss Robertson, and is said, by those who knew him best, to be an excellent piece of work. The image of him who has brought relief, comfort and consolation to thousands should be an inspiration to the younger men of the profession to strive for the highest ideals in the practice of medicine which he lived up to so nobly.

The Library.

Our library has just had a valuable acquisition in the library of the late Dr. R. A. Kinloch. After the death of his son, Dr. E. J. Kinloch, the books were turned over to our Society.—Allen J. Jervey, M. D., Sec'y.

CHEROKEE.

Cherokee County Medical Society was organized three years ago and met a few times and the society was "no more" until recently, when it was reorganized with eight or ten members present. Dr. W. A. Fort was elected president; Dr. Littlejohn, vice-president; and Dr. Jas. M. Caldwell, secretary.

The society meets every two weeks, and continues to meet. The attendance so far has not been all that could be desired, but

it continues to be encouraging. So far only a few papers have been read. The discussions have been, for the most part, about our daily run of patients.

Dr. Steedly read at our last meeting a paper on the subject "Suggestions to Expectant Mothers." It was a very excellent paper and was enjoyed by all present.

Dr. Jno. G. Pittman, of Chattanooga, and Dr. S. B. Sherard of Iva, S. C., have located in Gaffney for the purpose of practicing their profession. Dr. Pittman formed a partnership with Dr. B. B. Steedly, and Dr. Sherard has formed a partnership with Dr. Nesbit. Dr. Steedly has gone to New York to spend a month studying surgery.—Jas. M. Caldwell, M. D., Sect'y.

COLLETON.

The Colleton County Medical Society held its regular meeting at the office of Dr. Riddick Ackerman in Walterboro, on May 18th. The society was called to order by the vice-president, in the absence of Dr. Taylor. The following members were present: Drs. Riddick Ackerman, W. B. Ackerman, L. M. Stokes, B. G. Willis, W. A. Kirby, and Theodore G. Kershaw. After reading the minutes of the last meeting, the society proceeded to business.

The following resolutions were adopted:

That the secretary be requested to write to each member that had not come across with the annual dues to both the State and County Society requesting them to do so at once, and to urge upon them the importance of attending when possible the meetings of the society.

After Illegal Practitioners.

Resolved: That a committee be appointed by the chair to investigate the feasibility of prosecuting several illegal practitioners in the county, and that this committee collect such evidence as will be of service in the prosecution of the same.

Delegate to Anderson Meeting.

Dr. W. A. Kirby, of Cottageville, the regularly elected delegate to the state association meeting, was then called to give his report of the meeting, and what was done in the House of Delegates. Dr. Kirby stated that owing to the train being delayed between Charleston and Columbia, he did not reach Anderson till Wednesday evening; that

he had gone at once to the Court House where the Delegates were meeting and had attempted to take his seat as the regularly accredited delegate from this society, this he was not allowed to do, and although he raised the question of the chair's right by the constitution to refuse him his seat, he was not recognized on the floor, nor was his request allowed to come to a vote. Our society not feeling that we had been fairly treated in this matter, have drawn up the following resolution:

Whereas, That we, the Colleton County Medical Society, are an integral part of the South Carolina Medical Association, in good standing, and

Whereas, from the report of our delegate to the state association meeting we do not feel that we have been treated in a just or courteous manner by our regularly elected delegate being refused his seat in the House of Delegates, he through no fault of his own having arrived too late to take his seat at the opening of the convention, although the precedent had been established that a regular delegate was entitled to his seat and that his alternate be unseated (as in the case of Dr. Barron and his alternate occurring the night previous) and

Whereas, our society's delegate was not accorded the courtesy and consideration due his office, therefore be it

Resolved: That we do enter our earnest protest against such treatment, and do condemn the person or persons responsible for this discourtesy.

Resolutions for Dr. Es'Dorn.

The following resolution was unanimously endorsed by the society:

Whereas, Dr. Charles Es'Dorn has announced his removal from amongst us as a brother physician, be it resolved:

1st. That we deplore his removal from amongst us and as a member of this society.

2nd. That our best wishes accompany him in his new field,

3rd. That he be continued as an honorary member of this society.—Theodore G. Kershaw, M. D., Sect'y.

DORCHESTER.

The Dorchester County Medical Association met in Summerville on the evening of Monday, May 4th, with the following mem-

bers present: Drs. Julian Carroll, G. B. Harley, A. R. Johnston, John B. Johnston, J. P. Mellard, Edmund W. Simons, and Elias D. Tupper.

Dr. W. F. Graham was also present, and was elected a member of the Association.

The death of Dr. T. H. Abbott, of St. George, was formally announced, and a committee appointed to draft suitable resolutions. Dr. Abbott was a graduate of the Medical College of the State of S. C., class of 1855, and a charter member of the county association. Up to within a year or two he took active interest in its affairs, several times furnishing the paper for discussion. Failing health compelled him to lay aside all active work for the past two years.

Dr. G. B. Harley read an essay an "Vaccination," which, while an old subject, brought out a very general and profitable discussion, and when adjournment was taken, to enable many of the members to catch the mid-night train, it was generally felt that the meeting had been an unusually successful one.

Dr. Carlisle Johnston will read a paper on "Puerperal Eclampsia" at the next meeting, to be held at St. George, Monday June 1st.—Edmund W. Simons, M. D., Sec't'y.

GREENVILLE.

The Greenville County Medical Society met in its hall at 12 o'clock, April 6th, president and vice-president both being late the meeting was called to order by the secretary. Dr. L. C. Stephens was chosen to occupy the chair temporarily, President Jervey arriving shortly after. The minutes of the March meeting having been read, the Chair called for clinical cases. Dr. E. W. Carpenter presented a very interesting case.

An excellent paper was read by Dr. T. C. Stone on "Gastric Ulcer" and discussed by Drs. T. T. Earle, Bailey, C. B. Earle and Gentry. No other papers were read at this meeting.

Miscellaneous.

Under miscellaneous business a resolution was offered by Dr. Gentry, and passed, that the sense of this society is opposed to the proposed amendment to the South Carolina Medical Association relative to the nomination and election of members of State Board

of Health and Board of Medical Examiners.

On motion the secretary was instructed to draw on the treasurer for a sufficient amount to cover the state dues of the forty-one members of this society, the same to be forwarded to the treasurer of the State Medical Association.

The resignation of Dr. C. A. Simpson now resident in Georgia, and a motion to accept, was carried on condition that his dues of \$3.00 to the State Medical Association be paid.

Doctors and Politics.

Dr. Jervey made some timely remarks regarding the entrance into politics of medical men, whereupon the following motion was offered by Dr. Carpenter and carried: That a committee of five be appointed with Dr. J. W. Jervey as chairman for the purpose of consulting with the physicians of the county relative to placing one of their number in nomination for the legislature in the coming election, and to report to the society at its next regular monthly meeting. The others on the committee are Dr. H. L. Shaw, F. G. James; W. C. Black, Davis Fir au and B. F. Goodlett.

The program for the May meeting was as follows: 1—Paper on "Practical Disinfection," by B. L. Martin. Leader of discussion Dr. W. Y. McDaniel. 2—Paper on "Prophylaxis and Treatment of Summer Disorder of Children", by Dr. T. W. Bailey. Leader of discussion Dr. Davis Furman.

The following members were present at this meeting: Drs. Bailey, Burnett, Carpenter, Earle (T. T.), Earle (J. B.), Earle (C. B.), Gentry, Giles, Houston, Jervey, League, McDaniel, Martin, Shaw, Smith, Stephens, Stone, and Dr. Howard, visitor.—W. M. Burnett, M. D., Sec'y.

Obituary

M. S. GRESSETT, M. D.

Branchville, May 19.—After an illness of about nine weeks, Dr. M. S. Gressett, the oldest and for many years the leading physician of Branchville, passed away on May 19. He was born seven miles south of Branchville, about 75 years ago. After attending the schools of the neighborhood, he

taught school for several years. He then went to college for nearly one term. From there he entered the Confederate army and served through the war as first sergeant in the First South Carolina cavalry, most of the time in Gen. Butler's brigade. After the war he graduated at the Charleston Medical college in 1869, and has been in active practice until his recent illness.

Clinical Note

A CASE IN PRACTICE.

By Richard B. Furman, M. D.

Enter dusky dame and flops down in chair:

Dr.: "Good morning."

D. D.: "Good mawnin', suh."

"Who is this?"

"Suh?"

"What is your name?"

"Who? me, suh?"

"Yes, you."

"I de same lady wha' bin' hyah befo'."

"But several ladies have been here before. What is your name?"

"Dis Aggie."

"Aggie who?"

"Aggie Fo'de."

"Well, Aggie Ford what is the matter?"

"Suh?"

"How are you sick?"

"De same way like I bin' befo'."

"When were you here before?"

"De munt befo' fodder pullin' las' cheer."

"But I don't remember what was the matter with you then."

"You ent bin' tell me wha' ail me."

"You needn't give me a name for it. Just tell me how you are complaining."

"Well, suh, I playnin' wid a mizry at my haat, an' my vittle doan' diges', an' I speck mus' have de inwards fever I crave sum-much of water."

"How long have you been sick?"

"A rite good while."

"How long is that? I don't know what a right good while is. Has it been ten hours or ten days or ten years?"

"No suh, it ent dat long."

"Well, how long is it?"

"Ever sense my baby what dead in

Jinniwerri been in he two munt ole."

"How old was your baby when it died?"

"A yer an' to munt an' tree day ole."

"How is your appetite?"

"Suh?"

"Do you care to eat?"

"Who? me?"

"Yes, you."

"Sometimes. Wha' you tink is de matter ail me, doctor?"

"A deficiency of gray matter in the cerebral cortex."

"Is I dangus?"

"Not very. That is to yourself."

"Hummuch is dis medicine cos', doctor?"

"One dollar."

"Well I ent fecth but ten cent. If dis treatment reach my complain' I speck I'll come back and fetch de res' when it done."

Personal

Dr. Charles Es'Dorn has announced his removal from Walterboro, to Virginia. Dr. Es'Dorn has practiced in Walterboro for seven years, enjoying a large and lucrative practice. He has been the recipient of several very flattering offers to come to several of our larger cities and has decided to remove to Newport News, Va. Before settling in his new home, Dr. Es'Dorn intends visiting the medical and surgical centers of Europe and America, doing some post-graduate work. Mrs. Es'Dorn will accompany him.

Dr. W. B. Ackerman is a candidate for mayor of his town of Walterboro.

Dr. William B. Furman of Charleston, has removed to Young's Island for the practice of his profession. He will occupy Dr. Kershaw's office.

Dr. J. Tally Taylor of Adam's Run, was a delegate to the Episcopal Convention in Charleston recently.

Dr. Theodore G. Kershaw has removed to Walterboro for the practice of his profession. Dr. Kershaw's health has failed him on the Island and his physicians have advised his removal from the coast. Mrs. Kershaw, who was Dr. Marion McMillan, of Charleston, and who practices with her hus-

band, will also practice with him in Walterboro.

Dr. W. A. Kirby was a delegate to the county convention in Walterboro recently, from Cottageville. There is some talk of the Doctors's standing for the House of Representatives in the coming election. 'Tis a consumation devoutly to be desired.

Dr. William L. Hart, formerly of Yorkville, has received his appointment as surgeon in the United States Army, with the grade of first lieutenant.

Dr. G. A. Neuffer, of Abbeville, has been elected grand master of the South Carolina I. O. O. F.

Dr. E. M. Whaley, who has recently been appointed on the Street Commission of Columbia, S. C., will spend some time at the London Hospitals, leaving on the first day of July, taking his family with him. He will visit various cities on the continent while abroad.

News and Miscellany

COMPARATIVE POTENCY OF HYSOCINE AND SCOPOLAMINE HYDROBROMIDE; EVIDENCE AS TO UNMISTAKABLE NON-IDENTITY.

Dr. Wendell Reber of Philadelphia contributes an interesting article upon this subject in *The Journal of the American Medical Association* for April 25. His paper was read in the Section on Ophthalmology of the American Medical Association at its Atlantic City Meeting in June 1907.

Dr. Reber was led to these experiments by an experience reported in *The American Journal of Pharmacy* in 1899. At that time he found that when one drop of a 1-10 per cent. solution of hyoscine hydrobromide was used in the right eye, and one drop of the same-strength solution of the scopolamine salt in the left eye of a youth of 16 with normal eyes, the reaction of the ciliary muscle was decidedly different in the two eyes. This led him to the conclusion that there was a difference of action between the two alkaloids, in spite of their alleged identity.

It was found that the average time for

onset of full cycloplegia under hyoscine in four cases was 59 minutes, while the average time for onset of full cycloplegia under scopolamine was 92 minutes. So that, to quote Dr. Reber, "The relative pharmacodynamic power of hyoscine hydrobromide and scopolamine hydrobromide as used in ordinary office work may be said to be somewhere close to 59:92. Or to reduce it to the commoner form of statement, hyoscine in these test cases showed itself approximately 50 per cent, more potent than scopolamine in producing cycloplegia for refraction work, and he very pertinently adds, "So much for the academic phase of the matter which seems to be rather at variance with the claims which chemistry makes for these two drugs."

To show that this difference in action between hyoscine and scopolamine cannot be due to any difference in the purity of the two products, Dr. Reber quotes his correspondence with Merck & Company, to show that both the hyoscine and scopolamine hydrobromide had a rotatory power of 20. In other words, they are chemically identical, of the same degree of purity, yet pharmacodynamically different.

Dr. Reber says: "This leaves the matter precisely where it was in the beginning, namely: That with two drugs said to be absolutely identical as to clinical effect, pharmacodynamic power, molecular build and reaction with the polariscope, there should seem to be a more or less uniform difference in potency when tested by the delicate accommodation reaction."

He suggests also that there may be a pharmacodynamic difference between other substances which are known to be chemically identical, such for instance as caffeine, cocaine and stovaine; the latter said to be chemical isomers, yet exhibiting wide differences in their action.

Book Reviews

BAUMANN ON GONORRHOEA.

(D. Appleton and Company).

A most concise and yet exhaustive work on the subject of gonorrhea. It contains the most recent theories of treatment by

such authors as Kellmar, Young and other recognized authorities. The diagnosis of this disease, sometimes so difficult, especially as to the situation of the disease, is treated in a most scientific and thorough manner. This little volume should unquestionably be in the library of every general practitioner, and its contents most carefully studied.

BIER'S HYPEREMIC TREATMENT.

Bier's Hyperemic Treatment in Surgery, Medicine and all the Specialties: A Manual of its Practical Application. By Willy Meyer, M. D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital; and Professor Dr. Victor Schmieden, Assistant to Professor Bier at Berlin University, Germany. Octavo of 209 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth \$3.00 net.

This book is not a translation, but an entirely new and original work, written by Dr. Willy Meyer, who has practiced this treatment for the past fifteen years; and Professor Schmieden, assistant to Professor Bier at Berlin University. It is an authoritative and practical presentation of the subject. The Bier method of treating disease by artificial hyperemia has assured a place of such importance in modern therapeutics that an up-to-date work on the subject has become a necessity. In the first place, the three methods of inducing hyperemia are described and their practical application exhaustively discussed, namely: Obstructive hyperemia by elastic bandage or band; obstructive hyperemia by suction glasses, and hot-air (arterial) hyperemia. In the second part are taken up the details of application in the various acute and chronic conditions in which the Bier treatment has proved beneficial or gives promise of doing so. Besides presenting fully the uses of Bier's hyperemia in medicine and surgery, its application is discussed in all the specialties: gynecology, obstetrics, genito-urinary surgery, otology, ophthalmology, rhinology, pharyngology and laryngology, neurology and psychiatry, and dermatology. The large number of original illustrations and the many marginal notes add further to the very practical character of the book. The work reflects the latest developments in the use of this method of treatment.

MEDICAL GYNECOLOGY.

By Howard A. Kelly, A. B., M. D., L. L. D., F. R. C. S. (Hon. Edinb.) Professor of Gynecological Surgery in John Hopkins University, and Gynecologist to the John Hopkins Hospital, Baltimore; etc, etc. With one hundred and sixty-three illustrations for the most part by Max Broedel and A. Horn. Pp. 662. Cloth \$6.00 New York and London. D. Appleton and Company. 1908.

This work, by such an authority as Dr. Kelly, fills a long felt want for the vast masses of general practitioners who are compelled to struggle without guidance, and without chance of consultation with specialists, through the long routine of gynecological cases. The work is intensely practical, and coming from such a pen as Dr. Kelly's will prove of inestimable value to the rank and file of the profession. In his preface the author defines most excellently the relations between the specialist and the general practitioner as follows:

"To my mind the evolution of scientific medicine must ever run its course: The general practitioner yields up to a little group of investigators that portion of his territory which is most obscure and difficult, in which he has made the least progress; the field is diligently cultivated and a specialty is formed. Then in time the specialist so simplifies the etiology, the diagnosis, and the treatment, that he is able to hand back a part at least to the general practitioner, with whom he continues in relations of harmony and sympathy, so that both work conjointly to a common end, namely the extinction of disease and the amelioration of its ravages."

This volume is similar in style and binding to the two volumes upon operative gynecology, by the same author, and together with the operative gynecology give the practitioner a full and exhaustive treatise upon gynecology from all view points. As this is an entirely new work all of the illustrations are new and original and the majority of them are from pen and ink drawings.

POTTS ON NERVOUS AND MENTAL DISEASES.

Nervous and Mental Diseases. For Students and Practitioners. By Charles S. Potts, M. D., Professor of Neurology in the Medico-Chirurgical College of Philadelphia. New (second) edition, thoroughly revised and greatly enlarged. In one 12mo. volume of 570 pages, with 133 engravings and 9 full-page plates. Price, cloth \$2.50 net. Lea

& Febiger, Publishers, Philadelphia and New York.

The handling of nervous and mental diseases in a single volume offers manifest advantages to practitioners and students who wish a good grounding in two very important subjects which have an obvious relationship. That Dr. Potts has accomplished this acceptably is indicated by the demand for repeated printings of his first edition, and now by the call for a revision. His book has always been noted for its clearness and evenness, the inclusion of everything to be expected in a manual, and the omission of recondite matters, which find their proper place in the large special works or in monographs. Dr. Potts carries his reader as far as most will care to go, qualifying him for examination or general practice on both subjects, and for their further pursuit in case he wishes to specialize. He has brought this new edition thoroughly abreast of the present day, incorporating all important advances and making many additions. The section on Mental Diseases has been completely rewritten to represent the radical change in the whole point of view from which this field is now regarded. As the book has grown larger by about one hundred pages in spite of condensation wherever possible, it may be said that the amount of information it contains has been increased in greater ratio than its pages, and the same is true of the illustrations. A number of colored plates have been introduced. In its new edition the book goes forward to fresh usefulness.

BALLENGER ON THE NOSE, THROAT AND EAR.

Diseases of the Nose, Throat and Ear. Medical and Surgical. By William Lincoln Ballenger, M. D., Professor of Othology, Rhinology and Laryngology, College of Physicians and Surgeons, of Chicago University of Illinois. Octavo, 896 pages, with 467 engravings and 16 plates. Cloth, \$5.50 net. Lea and Febiger, Publishers, Philadelphia and New York, 1908.

This new work is notable, in the first place, for its unusual breadth, as it covers the whole of its three subjects, instead of dealing with the nose and throat fully and with the ear only fractionally, which has been the general custom heretofore. This is a frank recognition of the fact that the

upper respiratory tract and the ear are so closely related pathologically that they can be most advantageously considered in juxtaposition. In still another and equally important sense the book is very comprehensive, for it deals fully with the surgical as well as the medical treatment of these regions, and of the accessory sinuses also. As the author has been generous in including the whole of these cognate specialties, so has he been disposed toward his book itself, for he has lavishly illustrated it with original drawings, nearly every one of the five hundred engravings being new and specially prepared for this work. Though liberal in his pictorial department as well as his text, he has been jealous of his readers' time, and has avoided superfluous words and cuts alike. Everything admitted to his pages tells its story, nothing could be omitted without loss. Witness his many series of engravings illustrating as many operations, and depicting their successive steps, so that the reader has a clinic before him in the pages. The same fulness is true of his medical treatment, which forms the larger share of the daily practice in these specialties. His book is also cosmopolitan, for it represents the best knowledge of the world. As a single step in its preparation the author gathered no less than about three thousand monographs by corresponding with leading specialties in America and Europe. The enormous labor made fruitful in this volume is certain of wide recognition in this country, where the diseases grouped in its title are especially rife owing to climatic and other causes. The author has written for students, as well as for general practitioners and specialists.

MERCK'S 1907 INDEX (THIRD EDITION.)

An encyclopedia for the Chemist, Pharmacist, and Physician, stating the names and synonyms, source of origin, chemical nature and formulas, physical form, appearance and properties, melting and boiling points, solubilities, specific gravities and methods of testing, physiological effects, therapeutic uses, modes of administration and application, ordinary and maximum doses, incompatibles, antidotes, special cautions, hints on keeping and handling, etc., of the chemicals and drugs used in chemistry, medicine, and the arts. 472 pages. Bound in cloth. New York: Merck & Co. Gratuitous to users of chemicals upon receipt of 25 cents

to cover expenses incidental to delivery.

The general scope and character of this book are made sufficiently plain in the subtitle. It is an encyclopedia of the chemicals and drugs actually on the market. To those who have had the good luck to secure previous editions, Merck's Index has become well nigh indispensable. This latest edition is bound to make many new friends and to strengthen old friendships, improved as it is by the addition of the newest products of the chemical industry by the adoption of the latest nomenclature and by the adherence to the most modern authorities.

Current Reviews

OPHTHALMOLOGY AND OTOTOLOGY.

E. F. Parker, M. D.

Potassium Iodid in Treatment of Incipient Cataract.

Von Pflugk reports excellent results from subconjunctival injection of a 1 per cent. solution of potassium iodid, containing 2 per cent. sodium chlorid, in the earlier stages of cataract. Experimental research has also confirmed the benefits of this treatment and explained its mechanism. Since Badal's first recommendation of potassium iodid for this purpose, in 1901, 239 cases have been published, including von Pflugk's own experience with 55, and Verderau's with 48. Improvement was marked in all but 14 and 6 patients, respectively, and the cataract did not progress in any instance. Badal and his followers merely instill and bathe the eye with .025 and 2.5 per cent. solutions and the results are not so good as with the subconjunctival injection. It is well to commence with their technic, however, and resort to the injections if improvement does not become evident under the instillations. The potassium iodid technic is regarded by von Pflugk as one of the most important achievements of the last few years, and he urges its general adoption and perfection of the technic. Capsular and nuclear cataract are not benefited to any extent, the potassium iodid having its main effect on ordinary subcapsular cortical cataract.

Ocular Reaction to Tuberculin.

Eisen reports that a positive reaction was obtained in 66.6 per cent. of 45 patients with certain tuberculosis, the proportions being 78.9 per cent. in the early stages and declining to 50 per cent. in the most advanced cases. In 11 entirely healthy persons the response was invariably negative, but it was positive in 31.1 per cent. of 17 patients with various non-tuberculous affections. The reaction in the eye subsided harmlessly in all but 2 cases, and in these the patients had suffered from conjunctivitis in youth. The reaction in these cases was so severe that the aid of an ophthalmologist had to be sought.

Laughter Induced by Ophthalmoscopic Examination.

Neustatter reports five cases, occurring in three females and two males, of reflex laughter, excited, apparently, by an examination of the eye. Every other cause for laughter was excluded, and as one of the male patients was aged 45 years, the author feels justified in ascribing the laughter to the eye examination.

Hereditary Transmission of Squint.

In the cases reported by Sicherer, the squint was traceable through four generations of one family. The histories of the cases, and especially the ophthalmoscopic findings, are described at length.

Middle-Ear Suppuration.

From the pathologic findings in fifty cases Love concludes that ossiculectomy for middle-ear suppuration is not often a wise procedure. When operation is necessary at all, the mastoid operation is that of choice. When the mastoid operation is not necessary a careful cleaning of the ear will usually procure cessation of the discharge. Ossiculectomy may be useful in a small number of cases in which the disease seems limited to the ossicles, and, as better than nothing when the mastoid operation is declined. The period of healing is longer after ossiculectomy than after the radical mastoid operation. Though some cases refuse to heal after either or both operations, even if a little discharge be left after the radical mastoid operation the patient is in a much safer position than he who, having had his ossicles removed, has a little discharge left which may proceed from diseased products

pent up in his unopened mastoid cells.—
Abss. Jour. A. M. A.

MATERIA MEDICA AND THERAPEUTICS.

E. A. Hines, M. D.

Cerebrospinal Meningitis.

Since last November, Dunn has used Flexner's antiserum in fifteen cases of epidemic cerebrospinal meningitis, in all but one of which the diagnosis was confirmed by the finding of the *Diplococcus intracellularis* in the cerebrospinal fluid. Eight cases resulted in complete recovery, with no sequels of any kind. Two chronic cases of considerable standing, before coming under observation, resulted in death. Five cases are still pending, four patients being convalescent, the other, a chronic case, having a dubious outcome. He thinks the results in these cases sufficiently good to afford a strong basis of hope that this treatment will prove in cerebrospinal meningitis of value commensurate with that of antitoxin in diphtheria. Though it requires further testing, he thinks that the antiserum should be used as early as possible in every case, lumbar puncture being made as soon as the disease is suspected, and the antiserum being injected through the same needle, without waiting for bacteriological examination if the fluid obtained is notably cloudy. If after one dose the temperature falls to normal and the symptoms show rapid and progressive improvement, no further dose of antiserum may be necessary. Should the temperature rise, or a lapse occur, it should be treated as for the original attack. If the temper-

ature does not fall, or the symptoms do not improve, the injection should be repeated daily for three days. When no fluid is withdrawn, it is questionable whether or not it is a safe procedure, though Dunn has done it without bad results. He describes the fifteen cases.

The Application of Tincture of Iodine in The Dark.

In the British Medical Journal for November 16, 1907, J. Dunbar-Brunton describes a peculiar property of iodine. If the tincture of iodine is painted on the skin in the dark, or is exposed only to a red light, such as is used in photography, and is covered immediately without being exposed to a white light, it will be absorbed with much greater rapidity than under ordinary circumstances, and it is said not to discolor or blister the skin, even if used for long periods. (New York Medical Journal.

Hiccoughs.

Two minims of a one per cent. solution of nitroglycerine, with a drachm of spirit of chloroform, given in an ounce of water, re-

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peated for three or four doses. This has proved successful treatment in cases of obstinate hiccough (Dietetic and Hygienic Gazette.)

Arsenic in Syphilis.

Salmon regards arsenic as "the third specific for syphilis," and relates extensive clinical experience with it. He prefers to commence with a large dose, repeated every second day for two or three weeks.

SAUNDERS' FORTHCOMING BOOKS.

Messrs. W. B. Saunders Company, medical publishers of Philadelphia and London, announce for publication before June 30th a list of books of unusual interest to the profession. We especially call the attention of our readers to the following:

Bandler's Medical Gynecology—Treating exclusively of the medical side of this subject.

Bonney's Tuberculosis.

Volume II, Kelly and Noble's Gynecology and Abdominal Surgery.

Volume IV, Keen's Surgery.

Gant's Constipation and Intestinal Obstruction.

Schamberg's Diseases of the Skin and the Eruptive Diagnosis.

John C. DaCosta, Jr.'s Physical Diagnosis.

Todd's Clinical Diagnosis.

Camac's Epoch-Making Contributions in Medicine and Surgery.

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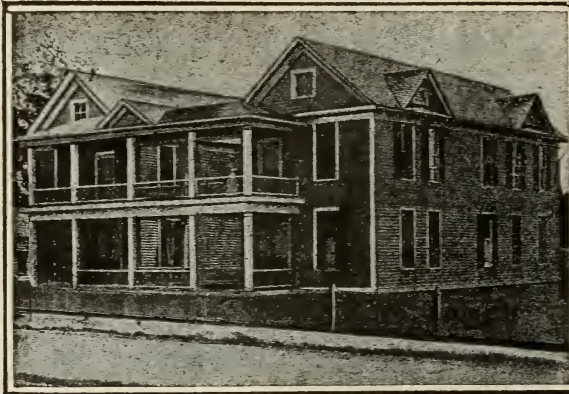
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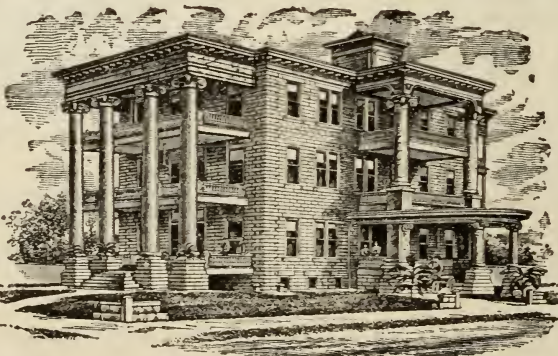
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South Carolina Medical Association

Next Annual Meeting at Summerville, S. C., April 14, 1909.
House of Delegates Convenes April 13, at 2 p. m.

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TABLE OF COUNTY SOCIETIES AND OFFICERS.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society.	President.	Secretary	Time of Meeting.
Abbeville.....	J. W. Wideman.....	C. C. Gambrell, Abbeville...	Semi-Mo., 1st and 3rd Mon Monthly, 1st Monday.
Anderson.....	W. H. Nardin, Jr....	J. R. Young, Anderson.....	
Aiken.....	A. Holsonback.....	Harry H. Wyman, Aiken ..	
Bamberg	J. J. Cleckley, Bamberg....	Semi-Mo., 1st and 15th.
Barnwell.....	A. B. Patterson	L. F. Bonner, Blackville...	
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal....	
Charleston...	John L. Dawson....	A. J. Jervy, Charleston...	Monthly, 1st Monday. Quarterly.
Cherokee.....	.....	B. L. Allen, Gaffney.....
Chester.....	W. DeK. Wylie	W. B. Cox, Chester	
Clarendon....	A. S. Todd.....	C. B. Geiger, Manning.....	Monthly.
Chesterfield..	T. E. Lucas.....	J. W. McCanness, Chesterfel	
Colleton.....	W. A. Kirby.....	L. M. Stokes, Walterboro...	
Darlington...	J. F. Watson.....	J. C. Lawson, Darlington...	Monthly, 1st Monday
Dorchester...	J. P. Mellard	E. W. Simons, Summerville	
Edgefield.....	.....	J. G. Edwards, Edgefield...
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro.	Monthly, 1st Friday. Monthly, 1st Monday.
Florence.....	A. G. Eaddy.....	W. E. Mills, Timmons ville..	
Georgetown...	Olin Sawyer	W. M. Gaillard, Georgetown	
Greenville....	J. W. Jervy.....	W. M. Burnett, Greenville..	Monthly, 1st.
Greenwood....	W. P. Barratt	J. B. Hughey, Greenwood..	
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	
Horry.....	H. H. Burroughs...	J. A. Norton, Conway.....	Bi-Monthly, last Monday. Monthly, 1st Tuesday. Quarterly.
Kershaw.....	W. J. Dunn.....	A. W. Burnet, Camden.....	
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.	Monthly, 3rd Tuesday. Monthly, 2nd Wednesday. Every 2nd Monday night.
Lexington....	J. W. Geiger.....	J. J. Wingard, Lexington...	
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork....	
Marlboro.....	J. H. Reese.....	J. C. Moore, McColl.....	Monthly, last Friday. Monthly, 1st Thursday.
Newberry.....	P. G. Ellis.....	W. E. Pelham, Jr., Newberry	
Oconee.....	D. L. Smith.....	H. E. Rosser, Westminster	
Orangeburg...	W. L. Pou.....	L. C. Shecut, Orangeburg...	Monthly, 3rd Tuesday. Monthly, 2nd Wednesday. Every 2nd Monday night.
Pickens.....	D. B. Gilliland.....	H. E. Russell, Easley.....	
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia..	
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	Monthly, last Friday. Monthly, 1st Thursday.
Spartanburg...	J. L. Jefferies.....	W. G. Sexton, Spartanburg.	
Sumter.....	H. M. Stuckey.....	F. K. Holman, Sumter.....	
Union.....	S. G. Sarratt.....	T. Maddox, Union.....	Monthly.
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As an immediate incentive for the increase of energy and activity on the part of the Secretaries of the various County Medical Societies in this State, THE JOURNAL is arranging for a series of prizes to be given away at the end of the fiscal year—December, 1908.

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2. Another medical collection will be given to that Secretary who reports the largest actual net gain in membership for his County Society during the year.

3. A third collection of up-to-date medical works will be given to that Secretary who reports for the year the largest average attendance on regular meetings of the Society in proportion to the total membership of the Society.

4. Still another handsome collection of recent classical medical works will be given to that Secretary who, during the year, outlines the best plan for increasing and maintaining the interest and membership of the County Medical Society. This plan must be gotten up in typewritten form and may be submitted to the Editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal, and shall be confined, if possible, to not more than five hundred words.

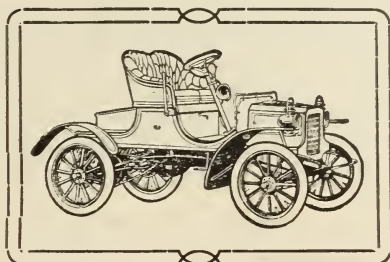
The awarding of these prizes will be in the hands of the Board of Councilors of the Association, and the Editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

Through the courtesy of the publishers, Messrs. J. B. Lippincott Company, of Philadelphia, we have already in hand for part of the above prizes, PERSOL'S ANATOMY, and INTERNATIONAL CLINICS, Series XVII. Volumes I to IV. Another prize will be a full set of Modern Clinical Medicine, published by D. Appleton & Co.

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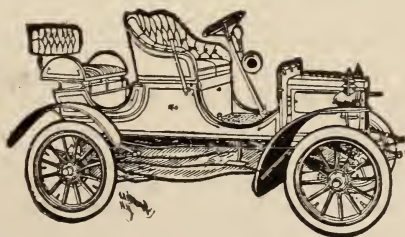
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The Journal

OF THE

South Carolina Medical Association

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Greenville, S. C., July, 1908
Number 7

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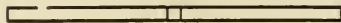
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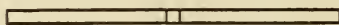
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VOL. IV.

J. W. JERVEY, M. D., EDITOR

No. 7

JULY, 1908

ANNUAL SUBSCRIPTION, \$2.00

The **Journal** is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession, to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the editor by the 5th of each month.

Proofs of all Original Articles appearing in the Journal are revised and corrected by their authors. The Journal is in no sense responsible for expressions in Original Articles.

Business communications relating to subscriptions and advertising should be addressed to

J. R. McGHEE, Business Manager, Greenville, S. C.

Editorial

THE TUBERCULIN DIAGNOSTIC TESTS.

It may be that we have no license to talk about the much discussed ophthalmic reaction to the instillation of tuberculin for the diagnosis of tuberculosis, for we frankly confess we have as yet been unwilling to experiment with the method. That Calmette has made a very interesting observation goes without question, but that any really practical benefit will be derived is, to say the least, as yet undecided. Indeed, we are told that in the German and other European clinics, with the exception of those at Berlin, the use of tuberculin by any method is rather the exception than the rule. It is thought by good authority, and to us it seems with excellent reason, that the general reaction following upon the injection of tuberculin for diagnostic purposes is a danger signal indicating that some harm has been done by the injection.

Many reports have been made upon the value of the Calmette ophthalmic reaction, and while opinions vary as

to its value and harmlessness, still the weight of the evidence goes to show that the reaction is not to be depended upon either as a positive or a negative aid to diagnosis, and it is, furthermore, very certain that harm has resulted to the inoculated eye in a considerable number of cases. This fact alone should arouse extreme caution in the use of the method even if it is not relegated to the background as a means of last resort in diagnosis. The danger to the eye seems to be especially great where a second instillation is used, physiological hypersusceptibility having been induced by the first inoculation.

From all the evidence at hand it would seem that Von Pirquet's so-called vaccination method for the local skin reaction is the most reliable, or rather we would say the least uncertain, for diagnostic purposes of any of the methods heretofore suggested with the use of tuberculin, and even in this case, as the author of the method himself demonstrated before the International Anti-Tuberculosis Conference in Vi-

enna last summer, the skin reaction, while apparently harmless, seems to be of particular value only in children, and not in adults.

DOCTORS AND POLITICS.

The resolutions offered by Dr. Davis Furman at the Anderson meeting (see report of minutes, May issue) providing for an organized movement throughout the State, each county medical society putting forth a candidate for legislative honors in the political campaign this summer, was defeated. This result was due, as the discussion of the proffered resolution will show, to no essential demerit in the plan proposed, but to the fact that it was thought to be impracticable at this time, and the further fact that the motive of the resolution seemed to be somewhat misunderstood. There was no intention, whatever, that any political significance should be attached to the resolution, nor that the State Medical Association should in the least degree take on the functions of a political organization.

The great trouble in the medical profession today in legislative matters is that they are unable to separate themselves from the popular belief that doctors must take no part in politics. Some of the greatest statesmen in modern times have truly declared that the care of the public health is the first duty of the statesman; and some of the greatest physicians of modern times have shown by their conduct in relation to political affairs that they realize the responsibilities of the profession in the proposals of ways and means for the promotion of the public health.

The medical profession has never asked, and never will suggest, legislation for the promotion of its own interests, but is actuated in its requests

by a purely unselfish recognition of its own responsibilities in the safeguarding of the peoples' physical welfare. Dr. Furman's resolutions were intended to emphasize in the minds, both of the profession and the public, the fact that we, as medical men, recognize the public responsibilities which rest upon our shoulders, and that it is our aim to discharge them to the best of our ability, regardless of the pratings of peanut politicians or the death-screams of quacks and dangerous nostrum venders. This was the purpose—no more, no less.

But though the resolution was defeated for technical reasons, it has served a valuable purpose in awakening many useful thoughts. We are informed that physicians, from a sense of professional and civic duty, will offer for election to the legislature from various counties in the State this summer, and we hope and believe each one of them will be successful. They certainly will if their colleagues support them.

"ORGANIZATION" AND "COMMERCIAL" JOURNALISM.

Is there a single commercial ("independent") journal which is not run as a business venture for the money that is in it, and which would not cease publication if its exploitation of its subscribers for the benefit of its advertisers ceased to be pecuniarily profitable?

Is there a single "organization" journal which is run as a business venture for the purpose of making money, or for any other reason than an effort to increase the efficiency of the profession and thereby further the welfare of the public?

Which character of journal, then, is evidently calculated to give the best service and the squarest deal to the

profession, to advertisers and to the public?

To any one not a bigoted ass or a dullard the answers are as plain as the questions are simple?

A journal that will hand out a crooked deal to its readers by exploiting them for the benefit of unprincipled advertisers, will not hesitate to pass a bog-thorn to its advertisers, or anyone else, if it gets a favorable chance, and decent advertisers will realize this sooner or later, and will depart from such company.

THE PREVENTION AND TREATMENT OF AIR-BORNE INFECTIONS.

In an interesting article in the New York Medical Record of May 16th, by W. S. Bryant, of New York, entitled "Air-borne Infections, Their mode of Entrance; Preventive, Abortive, and Ameliorative Treatment," he emphasizes a point of far-reaching practical importance which would receive the consideration of every practitioner of Medicine. The facts have long been recognized by laryngologists, but physicians in general practice have been slow to accord a careful consideration to what they regard, often contemptuously perhaps, as "the fads and hobbies of enthusiastic specialists." Except from a humanitarian standpoint, it is of small concern to the specialist whether the practitioner does or does not accept the conclusions evolved from his special observation and investigation; but it is the wide-awake practitioner who takes advantage of these suggestions and applies them for the benefit of his clientele and thereby promotes his own advancement. As Dr. Bryant says:

"The evidence accumulated for many years, proving that air-borne infections

are the most important, is now at our disposal. While the infections conveyed in fluids or solids are less numerous and have fewer victims, the diseases carried by the air are very many and the list is constantly growing. Tuberculosis, scarlet fever, measles, pertussis, chicken pox, variola, influenza, pneumonia of various kinds, diphtheria, epidemic cerebrospinal meningitis, acute poliomyelitis, acute articular rheumatism, pyogenic bacterial infections, arteriosclerosis, acute nephritis, typhoid fever, etc., are now known to be air-borne infectious diseases.'

The author alludes to the well known fact that many contagious diseases begin with coryza, and points to the fact that all air-borne infections are, at the beginning of their course, local affections of the naso-pharynx. The common error in the treatment of these diseases is that only the general toxemic symptoms are considered, while the chief danger point, the focus of local infection, is nearly wholly disregarded. He then points to the naso-pharyngeal tonsil (adenoid) as being the most common point of the entrance of infections, by reason of its anatomic and physiologic characteristics.

Dr. Bryant, we believe, has pointed out only a partial truth. That is to say, the facts are even more pointed and the arguments more conclusive for the establishment of this theory, than he has indicated in his article. We, ourselves, have emphasized (Journal South Carolina Medical Association, May, 1906; also Journal A. M. A., May 16, 1908, p. 1600) the common existence, with far-reaching effects, of adhesions and granulations (lymphoid) across and in the fossæ of Rosenmuller. These formations make ideal traps and niduses for the lodgment of air-borne infections, and also for mucous secretions, whose decomposition, followed by local irritation, furnishes

ideal conditions for the entrance and propagation of many infections.

There is no doubt whatever that a reasonable observance of prophylaxis in the upper respiratory tract, removing abnormities and observing a little hygienic cleanliness (which is no less important, and no more troublesome, than the daily cleansing of the teeth) would result in a marked diminution in the statistics of a large number of the acute infectious diseases.

When will the profession as a whole take this to heart, and when will they teach their charges the almost incalculable importance of the hygiene of the upper respiratory tract?

Editorial Notes

In the course of an address to the Tri-State Medical Association of the Carolinas and Virginia, last February, in Charlotte, N. C., Dr. C. A. L. Reed, of Cincinnati, spoke as follows:

"You are not doing your whole duty, either to yourselves or to society. You owe it to yourselves to take a more prominent part in public affairs. Remember Virchow and his forty years in the Reichstag. You owe it to your colleagues in the public service to secure for them the best possible statutes. For, remember, their relative status in the public services goes a long way in determining your own status in the public eye. Then, too, you have a public duty which consists of nothing more or less than giving to the public the benefit of your special intelligence on certain very important public questions. Take your turn at the helm. There is no office to which a physician may not aspire. Benjamin Rush was a member of the Continental Congress. There were something like twenty physicians in the first revolutionary Assembly of the Massachusetts colony. Has the civic fire died out of the medical profession in

this country? As I came through Washington last night it seemed to me that I could see high above the dome of the Capitol a mammoth electric sign, with letterings large enough to be seen of all men, which read: 'Wanted—more farmers, merchants, manufacturers, laborers and physicians. I fancy the same device may be as clearly seen at your State capitols. I appeal to you, gentlemen, representatives of the brain and worth of these great seaboard States, I appeal to you to supply your share of the deficiency at Columbia, at Raleigh, at Richmond, and at Washington.'"

Original Articles

OPHTHALMO—TUBERCULIN REACTION.*

BY E W CARPENTER, M D
Greenville, S C

In the battle against that ubiquitous disease tuberculosis, we gladly welcome any aid to an early diagnosis, in this particular, physical examinations has furnished the greatest results and as an aid to it, I desire to call your attention to a recent procedure in the use of the tuberculin test, the familiar subcutaneous method is undoubtedly valuable in the hands of experts, but sometimes disastrous in the hands of the less experienced. I think the reason for such disastrous and disappointing results in the hypodermic use of tuberculin was due to our imperfect knowledge of its action, doses out of all proportion to effects desired were used, and disaster resulted to the patients and disrepute to the profession. I believe recent methods of minute dosage is going to establish the serum therapy of tuberculosis on a permanent basis, and any improvement

*Read at Anderson Meeting of the South Carolina Medical Association.

in the technique shall be welcomed.

The use of an attenuated serum suspension of tubercle bacilli on the ocular conjunctiva was suggested by the studies of Von Pirquet in the reaction by perae-miæ in revaccination against variola. He found that in sacrificing and inoculating with tuberculin, 360 children in one of his clinics there was a well marked difference in the reaction between tuberculous and non-tuberculous children; but in adults the difference in reaction was less marked and variable hence this method was unreliable. This local reaction led Prof. Calmette of Lille, France, to try a new method, which led to his description of its use in the eye about one year ago. Since his report the principal work has been done in France, but the results are being verified by universal experiments.

As yet there is not universal similarity in results, and deductions therefrom, but it has been undeniably proved to be a step forward as an adjunct in the early diagnosis of tuberculosis.

The preparation used is a one-half (1-2) or one (1) per cent. glycerine free suspension in normal salt solution of the bacilli and fragments thereof, one drop of which is instilled into the conjunctival sack. The reasons for lack of similarity of results, may be due to the age of the preparation, the phase of the patient, (viz: negative opsonic), the technique of installation, careless inspection for reaction, carelessness in protection of eye after instillation, individual idiosyncrasies and perhaps other reasons.

The reaction consists of varying degrees of conjunctival hyperaemia accompanied by a local leucocytosis, it may vary from a burning, itching or stiffness of the lids or a slight congestion of the caruncle, to an intense inflammation of the whole mucous surface, with more or less exudate. There are many

plans for recording the degree of reaction, but it will be sufficient to note them as mild, pronounced, or intense; it needs no special treatment, other than the free use of Boric Acid Solution and cold applications.

In over thirty cases that have come under my observation, I have seen no bad effects or complications, except in some cases a stuffiness of the nose on the side of the eye instilled, though I see no reason why the congestion may not extend to the deeper structure when the reaction is intense; and some observers have noted slight involvement of the iris and cornea, these ill effects were seldom, and occurred in very large experiences. It was not stated whether normal eyes or ones the site of previous inflammation were experimented with when the complications were noted. No unfavorable reports have been made by observers in this country.

The serum I use is prepared by Dr. H. M. Alexander, of Marietta, Pa., though P. D. & Company are also said to put up a reliable preparation.

I always inspect both eyes and for the first instillation I use the right eye if it is healthy. Drawing down the lid I place one drop in the outer corner and keep the lid pulled down until the drop of serum has had time to spread over its whole surface. This is important, because if the lids are squeezed together and the drop forced out, you will not get a reaction. The reaction may show itself in from one to eight hours, the one eye being used, the other is useful as a control. Frequent inspection is sometimes necessary, for a mild reaction may appear and be so faint in twenty-four hours that one can not record a positive result, when it should have been so accredited.

The majority of writers advocate as

many as six repetitions in negative results, always using the opposite eye and a stronger solution if only a one-half (1-2) per cent. was used in the beginning. It is claimed that, for various reasons when the first test is unsuccessful following ones may be positive. I have had only a very limited experience, but with repeated installations it leads me to discount the value of a reaction the more remote it occurs from the primary test; because, I think the cells may become sensitized and the reaction occurs which does not interpret the condition sought. The following cases illustrate my point: I selected two apparent healthy adults; so far as I could possibly ascertain there was no suspicion of tuberculosis anywhere; and in one a reaction occurred on the fourth and on the other on the fifth instillation. I have had them under observation for four months and no suspicious symptoms have appeared. Of course I am not able to exclude absolutely the possibility of some remote focus of infection in these cases, but in cases where tuberculosis is suspected or not and we get a prompt and decided reaction, I think its confirmatory evidence of much greater value than those occurring after several installations.

Stronger solutions than one per cent. should not be used in subsequent tests; especially when the subject is non-tuberculous, because here the tissues may develop a susceptibility, which would render a reaction of no value and possibly misleading.

The value of this measure is apparent in the following reports: Smith & Walker U. S. M. C., report—viz: 273 installations were made on 242 individuals, 39 gave a positive reaction, 5 were doubtful, all of the positive one were diagnosed tuberculosis except 10; of these 3 gave a history of previous infec-

tion and the remaining 7 were either syphilitic or suffering from some chronic malady. In no case of active tuberculosis with or without bacilli was the result negative. In the 198 negative reactions 126 were affected with some ailment; of the 76 apparently normal ones, 2 gave a positive reaction, one had an old tuberculous knee and the other gave a suspicious history. No cases which reacted to the first test failed to react to subsequent ones. A few failures have been noted in acute febrile cases, and advanced and moribund ones. But these either reacted at subsequent tests or after a hypodermic of tuberculin. It is probable that the failure to react was due to the negative opsonic phase of the patient.

The *modus operandi* of the reaction is extremely interesting and largely speculative. When the instillation is practiced on a tuberculous patient some thing happens, viz: Inflammation which does not occur in a tuberculous person, this reaction hyperaemia is the expression of the difference between a tubercular and non-tubercular subject; therefore, there must be in these tubercular subjects at the time or, or as a result of the instillation, some toxine which causes a local inflammation, or as Smithies suggest, an absent inhibiting body as a result of the tubercular process. He also suggests that a reason for the absence of the reaction in acute miliary tuberculosis is that the bacilli circulating in the blood seize and appropriate all of the small amount of opsonins formed as a result of the instillation, so that there is none left to combine with the dead cells; under these circumstances, if a hypodermic of tuberculin is administered an ocular reaction promptly follows,—thus it would appear that whatever the nature of the substance which causes the reaction, there has been

enough introduced into the blood to reach these remote dead cells in the interstices of the conjunctiva and by such contact endotoxines are released which react on the tissue locally.

Conclusion. A prompt reaction to a small or moderate dose of one-half to one per cent. tuberculin certainly adds to the strength of a diagnosis in suspicious cases, but very little value should be given a positive reaction in the absence of suspicious symptoms. In view of its easy application. I think it a valuable agent for the general practitioner wherever there is the slightest indication for its use. I think it should be used only in healthy eyes.

Since writing the above. I have heard of reaction occurring as long as 51 days after instillation, in view of which I would not advocate more than 2 applications of the baccillin, using 1-2 per cent. in the first, and 1 per cent. in second eye then waiting for a reaction which might show itself at any time during the number of days mentioned.

ACUTE BOWEL OBSTRUCTION.*

BY A. B. KNOWLTON, M. D.
Columbia, S. C.

The subject of acute bowel obstruction is too broad to be dealt with in a time so brief as that allotted for the reading of this paper. I limit myself, therefore, to that class of cases wherein the medical and other non-surgical treatments have failed to bring relief, where the patient is remotely distant from a hospital and whose condition precludes the possibility of a radical curative intra-abdominal operation.

For over 200 years it has been admitted that in these desperate cases the

patient's most substantial hope lies in the establishment of an artificial anus or enterostomy above the site of obstruction. In view of the large number of instances in which this primitive and simple procedure may have saved life within the past fifteen years, I am at a loss to explain why it has not been employed more frequently.

Physicians and surgeons alike will do well to remember three great facts in connection with acute bowel obstruction. First, that after three to five days of such discomfort and disturbance as this malady inflicts, and after all that medical means can do for him, a man is in no condition to be subjected to twelve or eighteen hours additional delay, a long ride to a hospital, and an elaborate radical operation such as the condition would demand; second, that the simplest abdominal operation known to modern surgery will cure him; and third, every man who bears the honorarium M. D., is not only competent but equipped to perform this operation in every home, however humble.

The picture which constitutes the background to this paper is that to be seen in a baggage car every short while within the confines of our own state. Upon an improvised couch in one end of the coach lies the subject, nursed by his faithful doctor, eyed, perhaps, by a sympathetic brakeman. His interest in material affairs is aroused only by the tinkle of the ice in the tumbler or the painful jostle of the car. A shadow of suffering passes over his face every few minutes as the struggling intestine makes its last faint efforts to free itself. Pinched of countenance, agonized of decubitus, and hopeless of heart, he seems to look beyond the curtain which hovers near. Many strange and curious faces peer through the door at every

*Read before the Annual Meeting of the South Carolina Medical Association, April 15—17, 1908.

stopping place and ask the very question which should give us pause, "Mr., where is he going?"

Let us hear the facts in order that we might come nearer saving the next patient. This man just five days ago was in the prime of life and the very zenith of health. With the suddenness of a thunderbolt from an April sky, and with the terror of the fire-bell at night, he has snatched from him the greatest of all riches, and is made poor indeed. One day he missed his regular bowel movement. That night he took a cathartic which failed to act—from that time on he was an ill man!

His physician fought heroically and justifiably; for no man should be operated upon who may be cured by other means. Through constipation, pain, nausea, increasing distention, frequent vomiting and collapse, and through every expedient known to modern therapy, for the relief of this condition, they fought, I repeat, heroically and justifiably.

There are a sufficient number of these cases which are cured by such treatment to justify it supremely, and yet there occur others in which the attending physicians are brought to realize that their patients' welfare no longer depends upon medical or palliative measures.

Just at this juncture—remember, gentlemen, at this juncture and at no other—is the elective hour for the radical curative operation. But, alas! the patient is two miles from the depot by wagon, fifty miles from the city by train, and one mile from the hospital by ambulance. In addition, it is just past the train hour, and twelve to eighteen hours must elapse before the patient could reach a hospital, or a surgeon can reach the patient—in the meantime, he becomes more restless, his skin more moist,

and he tells Jeminy to sit close by him. Is this the hour or the time for such a picture as that in a baggage car? Is this the hour for postponement and procrastination, when hours seem to hang like years, and when moments sparkle with the value of precious stones? Is this the hour in which it becomes one to shirk the grave responsibilities of professional office and shuffle human life as 'twere into a game of chance, with the winning card up the sleeve? I ween not. As soon as medical and palliative measures prove their inefficiency, just as soon and in that very hour, is surgical relief imperative!

In this extremity, (for it is this extremity which constitutes the subject of this paper), I say without fear of consequences to the patient or to the fair name of surgery, that the physician in charge should open the abdomen (with a sterile pocket knife if necessary); pull out a loop of distended bowel (with a well scrubbed hand); transfix the mesentery (with a pointed sterile stick if necessary); pack it about with gauze (or strips of a boiled homespun sheet if necessary; open the bowel, and save the man's life. The only surgical prerequisites are a general anaesthetic, and a doctor who has force enough to back up his convictions with deeds. Everything else may be found in any ordinary household. Boiled water is sterile water, and boiled homespun sheets the sterile sheets. As already intimated, a boiled sharpened stick will do as well as any other device for transfixing the mesentery and holding the intestines outside the cavity, and any boiled knife will open an abdomen. Clean hands and a fearless heart are nowhere more useful, and every doctor should here demonstrate this fact. Relief will come at once, and three days later the patient may be taken to the hospital for

the radical curative operation, the happiest man on the train.

Let me impress upon you two most important facts in connection with this condition, first, medical treatment in all cases is justifiable, but it must be prompt, thorough, decisive and brief; second, beyond this, every hour of delay increases the certainty of a condition which once thoroughly established is absolutely irremediable, inside a hospital or out, by medical means, enterostomy or intra-abdominal procedure—I refer to intestinal paresis. When once this condition is established, physicians and surgeons are powerless.

Concluding, I urge upon you that when you become the victim of this dilemma, you thrust not your patient's life into a game of chance between railroads, rough roads, uncertainty and delay, but with that definiteness of conduct, born only of conviction, shift our picture to the humble tenement, where not only human rights are sacred, but human intestines also. It is here that the grandest evolution which time has ever witnessed is enacted—the evolution of the country doctor, into the country surgeon!

Discussion.

Dr. Rees: Dr. Knowlton has introduced a very important and interesting subject here, but has given some rather unfortunate advice in his paper. Acute bowel obstruction is a condition which I apprehend requires experience to make the diagnosis. It requires skillful surgical work, and knowledge and experience in the abdomen to properly handle. Dr. Knowlton's advice would have been better if he had advised that in cases of bowel obstruction in inexperienced hands the patient be allowed to remain with the chances of Nature taking care of the case until it could be taken to some experienced man for operation. There could be no more certainty of destroying that life than for an inexperienced man, who has not done operations of that kind in the abdomen, to open the abdomen and do all the handling that is usually done in finding the obstruction by men of experience. I say that he could have advised taking a pocket-knife and cutting the patient's throat

to save him the suffering he would otherwise undergo. I would prefer under those circumstances to give the advice that the protective processes in the abdomen should be allowed to take care of the obstruction for no more than thirty-six hours, and to take the case then and drive through the country several miles and fifty miles on the railroad for an operation, rather than open the case for operation under those circumstances by a man who had never been into the abdomen before. Practically all cases under those circumstances die; none are saved. That is a different condition from what we have had advised by other men, in opening an old appendiceal abscess to turn out the puss under any circumstances, and leave the cavity open and drain the hole. In bowel obstruction, the obstruction occurs from several causes within the abdomen, possibly gases which had a great deal to do with producing the occlusion of the bowel, and on other occasions from causes which are acute, which we sometimes see and are inexplicable. I have seen a few cases of bowel obstruction put down to adhesion—acted like a ligature tied around the bowel—in which the whole process was less than twenty-four hours. Then cases of over 48 hours, or longer. I think Dr. Knowlton will not be borne out by many of experience who have had to deal with these cases, in giving the advice that he has of having an operation of that sort performed as an emergency under any circumstances and by any man, no matter what his experience has been. I hoped that Dr. Knowlton's paper would have been of a different character.

Dr. J. A. Hayne: I must say that I think Dr. Knowlton's paper has been very severely criticised in regard to the general practitioner. I do not think that at the present day there is any man in South Carolina practicing medicine who should not be able to carry out the proceeding that Dr. Knowlton recommended. There may be many who have not the great and comprehensive knowledge that our surgeons have of this state, but they certainly have ordinary common horse-sense, combined with the intelligence that made them adopt medicine as their life study and made them go to college, pass the examinations there, and then before the State Board, and they should have sufficient knowledge to save life. And the operation described by Dr. Knowlton is a life-saving operation in the remote country districts. Although these districts may not have physicians practicing there who have all the appliances of surgery, still they generally have something more than a sharpened stick and linen bed-sheets for surgical appliances.

Dr. A. B. Patterson: I agree with the gentleman who has just taken his seat in regard to the education the young men are receiving today. I cannot conceive of a doctor being turned out today who is not

competent to open the abdomen. It is a simple operation, and the physicians today are taught to do that operation with a pocket-knife and a common sewing needle and thread. With sterile gloves, and the ordinary technique of surgery, there is no reason why any country practitioner cannot do this operation, and do it with success, and I agree with Dr. Knowlton that it is his duty to give his patient the benefit of the operation. We have been taught, by such men as Shields, that the time for doing an operation upon the intestines is to do it early, especially as to gun-shot wounds of the intestines. He claims that the time for doing these operations is on the field, and not to move the patient any distance; that he has gotten the best results from immediate operation in the open air. I think the doctor is correct, and I heartily agree with his article on the subject.

Dr. Brailsford: I think perhaps Dr. Rees misunderstood Dr. Knowlton's paper to a certain extent. As I understood the paper, he doesn't advise that you should look for the obstruction, but simply to relieve the condition, and I have always found, with the little work I have done along that line, that it is a very simple matter to open the abdominal cavity and fish out a loop of the intestines and relieve the obstruction. The fact of the matter is it is so easy, in fact, no trouble, to get a loop out, because it comes popping out. The trouble I have found was to keep the things in—they are always popping out.

Dr. Knowlton: I am also persuaded that Dr. Rees misunderstood somewhat the tenor of my paper. I concur with Dr. Rees, per force, that the intro-abdominal radical procedure is one of the most elaborate in surgery; one which under all circumstances I think should be entrusted entirely to an expert. But I cannot understand where it is more conservative to ship a man in that condition to a hospital—I don't care how expert a man he is going to—than simply making a little incision, pulling out a loop of the bowel under those peculiar circumstances, and far too frequent circumstances. I understood the doctor to say that such line of procedure had met with almost universal failure. My understanding of the literature on the subject, and my limited experience, is that it has met with universal favor wherever done before a paralyzed condition of the bowel had ensued. I even go so far as to say—though I am aware that I am opposed in this view—that it is often not necessary to wash your hands in bichloride, or any other antiseptic. Well-scrubbed hands, with any soft soap, pull out a loop of the gut, and if that is done immediately after a fair—ordinarily they are fair—test with medical means, and before paralysis has occurred, I think it will save every case, provided the surgeon later does his radical curative operation properly.

ULCERS.

Variety, Course, Dangers and Treatment.

BY J. LEE SANDERS, M. D.
Anderson, S. C.

This subject has always been one of intense interest to me, and in the preparation of this paper I have not been prompted by the discovery of any new ideas in the mode of treatment, but simply by the desire to encourage an open discussion of, and to refresh our minds on, a subject of which we ought to have a clear conception.

Definition: In nearly all the text books we find a different definition for an ulcer, so I shall not feel that I am deviating very far from the ordinary path if I offer still another. I shall call it a solution of continuity of the soft parts, produced by pathological changes going on in the parts in contradistinction to a wound. The general etiological factors are essentially those of necrosis and may be either local or constitutional in origin or both.

Varieties. 1. **Healthy or healing:** Normally granulating ulcers are designated as healthy or healing when the surface is composed of a small florid granulation of healthy appearance, secreting a moderate quantity of thick, yellowish-white pus, and manifesting along its edges the advancing bluish-white line of epidermization or cicatrization. These comprise every symptom and indication of inflammatory amelioration and natural repair.

2. **Exuberant:** When cell multiplication occurs more rapidly than is required for fiber formation—a degree of activity which is usually the result of infection—and granulations are produced so rapidly that they outrun, as it were,

*Read before the Fourth District Medical Association at Anderson, S. C., Jan. 28, 1908.

the contractions of the margin of the ulcer, an exuberant ulcerated condition is the result.

3. Indolent: In this type of ulcer, through defective nutrition or other causes the granulation tissues ceases to proliferate and the granulations are few and of small size, the ulcer remaining stationary.

4. Fissured or painful: A linear, groove-like ulcer, with steep and sharply formed sides. As examples of this type of ulcer we may mention the fissure in ano, and cracked nipples.

Ulcers are divided according to their symptoms and course into two principal forms or varieties, acute and chronic. These are further separated into a number of sub-varieties in conformity to some prominent feature manifested by the individual ulcer.

Acute ulcer This represents an ulcerated area of recent formation covered with healthy granulations, somewhat inflamed and showing a positive disposition to spread. It usually arises from a superficial wound or abrasion and its base is formed of deep red granulations of moderate size and healthy appearance. Usually the granulations are nearly if not quite on a level with the general surface of the part and the discharge flowing from it is composed of a somewhat scanty rather thick, yellowish-white pus.

Chronic ulcer. The chronic or indolent ulcer is the opposite of the acute and as a rule has a history of having existed for months or even for years, and possibly with little or no change either in appearance or in condition during this period. The appearance is characteristic, the base being smooth, dry and glossy, similar to mucous membrane or frequently callous, not unlike bacon rind. It is covered with a delicate layer of white, necrotic tissue and

is devoid of granulations. Not infrequently the ulcer extends deep into the tissues, exposing at the bottom of its base both fascia and muscular tissue. The edges are indurated and thickened, seldom ragged but usually regular in outline and are considerably elevated above the adjacent sound parts, giving the appearance of greater depth to the ulcer than actually exists. As regards color, the margins are generally somewhat pale or they may be livid or even purplish in hue, or crimson, and the surrounding surface gives little or no appearance of congestion or inflammation. There is usually no pain or sensitiveness. The sensibility is often so diminished that we may speak of it as being almost anaesthetic. However, in some instances, as when a nerve terminal is caught in the contracting fibrous tissue surrounding it, a chronic ulcer may become exceedingly painful.

Some of the special varieties of ulcers are as follows:

a. Simple ulcers: A simple ulcer is not due to any specific cause, but is the result of a variety of local conditions. It is clinically a later stage of an acute ulcer, and differs from it only in age and degree.

b. Inflammatory ulcer: Any form of ulcer may become inflamed, and when this happens the symptoms present will be those attendant upon any acute inflammatory condition. This is often caused by septic infection, but it may also result from any form of irritation, either mechanical or chemical, or by meddlesome treatment. Just here I may say that there once came under my observation an inflammatory ulcer produced by the patient making applications of her own urine to the ulcer, and using sand as a dusting powder.

c. Varicose ulcer: In this classic

type of ulcer the venous varicosities produce a passive hyperemia of the skin and subcutaneous tissues, as a result of which these structures become infiltrated with serum and suffer correspondingly from enfeebled nutrition. This lowered nutrition leads to a peri-phlebitis, which results in a small abscess that opens and leaves an ulcer, or to local eczema, which readily ulcerates. Then again a lowered vitality of the skin is such that the slightest traumatism may result in bacterial invasion, inflammation and ulceration. These ulcers are most commonly situated on the leg, near the malleoli, especially the internal.

d. Pressure ulcer: A pressure ulcer is likely to develop whenever mechanical pressure, even in moderate degree, is exerted upon some part of the surface of the body for a certain length of time and more especially if the nutrition of the part thus subjected to pressure is imperfect. The usual form of pressure ulcer is seen in the simple or ordinary bed-sore, in a patient suffering from some long and serious illness.

e. Hemorrhagic ulcer: The surface of a hemorrhagic ulcer is composed of edematous granulations of a dark, purplish hue, which bleed with readiness and quickly break down. Certain constitutional diseases, particularly scorbutus or scurvy, seem to be responsible for this hemorrhagic tendency.

f. Cicatricial ulcer: Occasionally cicatricial tissue breaks down and suppurates, causing what is designated as cicatricial ulcer. This is generally covered with granulations of large size, which show no disposition to heal, usually observed in anemic, weak individuals, probably with a tendency to tuberculosis and frequently result from some slight or trivial injury.

Complications and Sequelae: Now we will take up the results and dangers of

ulcers. It is probable that ulcers do not receive from physicians the prompt and energetic attention which their importance demands, especially when they involve the lower extremities in the form of old chronic ulcers. And yet the results, dangers and complications of ulcerations, no matter where situated, are so positive that the most careful and painstaking effort should be made to effect a speedy and lasting cure. Without taking into consideration the state of semi-invalidism and other hindrances to the pursuit of a business vocation which the disease is apt to entail, it should be remembered that a person infected with an ulcer is menaced by certain dangers not the least of which is lameness or positive crippling where an extremity is the seat of the lesion.

The contraction of cicatricial issue cannot be regarded too seriously. For example, when a large ulcerating area is located over muscles and tendons, the inflammatory infiltration may so cement and bind together muscles, tendons and tendon sheaths as to convert them into an inseparable mass, thus rendering the part deformed and useless. Various infections find a ready entrance through an open ulceration and when it is considered how universally ulcers are disregarded and neglected, it is remarkable that septic infection in some form is not oftener encountered. I suppose this is accounted for only by the resistance offered by granulation tissue to the entrance of bacteria. Among the infectious diseases, erysipelas is the most frequent one observed gaining entrance through ulceration, it being especially common among the poorer and less cleanly classes. Hemorrhage is also a disturbing complication and may assume a dangerous and even fatal form in some ulcers. This, however, is more especially true

in the hollow viscera, as in gastric or intestinal ulcers.

Treatment: It is to the leg ulcer that I shall more especially confine my remarks. In the treatment of ulcers as in the rational management of the vast majority of diseased states, the cardinal principle is to attack the cause that produces the lesion. And since it is recognized that ulcerations are due to various causes, including infections, dyscrasic states and local conditions, it is obvious that any successful method of treatment must comprise both constitutional and local methods and often a combination of these.

Constitutional Treatment: This should be adapted to the special cause, although in a general way the measures employed in all cases have much in common. An uncomplicated, healing ulcer as a rule requires no systematic treatment unless the patient is generally enfeebled, when tonics, especially the iron preparations, together with nutritious foods and proper hygienic surroundings are called for. If, however, the trouble be specific in origin, the treatment should be anti-syphilitic. Or again, if the ulcer be scorbutic in tendency, a proper diet and the abundant consumption of acid fruits is most essential. Still again, if diabetes exist, the anti-diabetic treatment should be instituted. And right here let me throw out a word of warning concerning operative measures in such patients. Skin grafting by the flap method is a dangerous procedure and even radical excision and curetting should be cautiously practiced.

Local Treatment: On this phase of the treatment, we can not lay too much emphasis, for it is here that the physician's personal attention must be especially given. The first dressing after the patient comes under the observations of

the physician is usually the most painful one, and for this reason an anesthetic, either local or general, will have to be employed. Cocaine applied to the surface of the ulcer will usually suffice, but if the patient be one of a very nervous temperament a general anesthetic should be advised.

Indication: 1. Cleanliness, which means disinfection. 2. Proper dressing. 3. Physiological rest.

In disinfecting or sterilizing an ulcer our sole aim should not be directed toward the open sore alone, but equally to the adjacent skin. First, we bathe the surface freely with hot sterile water and tincture of green soap, scrubbing with a gauze sponge—for a stiff brush might cause an abrasion. Then the part should be shaven thoroughly for a considerable distance all around. Following this procedure we should use ether freely to dissolve out the oleaginous matter in the meshes of the skin in order that the germicidal agent may penetrate and put an end to the bacteria lurking beneath the surface. This I consider one of the most important steps in the sterilization of an ulcer. For if the disinfectant cannot reach the germs in the surrounding tissue that keeps it in an unhealthy condition, how can we expect the ulcer to become healthy? Following this I use peroxide of hydrogen on the face of the ulcer to more thoroughly cleanse it. Then use a pair of curved scissors in trimming off the excessive granulations and ragged edges, after which I irrigate with a 1-500 bichloride solution as hot as it can be borne by the patient. If the ulcer be foul and the infection be pronounced, I use some positive antiseptic, as carbolic acid followed by alcohol, after which the whole area should be well washed, either with a plain sterile water or a normal saline solution.

Dressing: There exists a vast diversity of opinion concerning the dressing used. In my experience I have had more pleasing results from the use of iodoform powder, lightly dusted on the ulcer and covered with a copious, moist iodoform or bichloride gauze. Then in applying the bandage, we should begin well down on the foot and put it on firm and fairly tight, all the way up to the knee and even higher, so as to immobilize the lower leg as much so as possible. This dressing should be repeated daily until the ulcer becomes a healthy one, and then at least every second or third day till the ulcer is entirely healed.

Physiological rest: This should be secured for the affected part with due reference to the location and type of the ulcer. In the vast majority of instances recumbency is necessary, for a while at least. I realize that this is a hard point on which to secure the hearty co-operation of your patient. But if we are politic and put the results, dangers and complications before him in the right way, we can usually keep him quiet for a few weeks at least. The leg should be elevated to lessen the engorgement and clogging of the venous circulation and to favor both venous return and arterial output. As an example of physiological rest secured other than the leg ulcer, we may mention stretching of the sphincter to allow the healing of a fissure in ano. Rest also aids in reducing the inflammation that often exists when those cases first present themselves and which must be controlled before healing can be expected to take place.

Minor operations to stimulate ulcers to a healthy condition have been in vogue since the days of the ancients. All these have as their object the removal of the encircling band of densely

indurated cicatricial tissue which enters largely into the composition of the borders of the ulcer and adjacent structure, impeding the circulation and serving as an obstruction to the contraction and normal healing of the ulcer. This condition is characteristic of chronic or sluggish ulcers. For this purpose various incisions are made through the cicatricial deposit. They should divide not only the border but extend well into the healthy structures beyond and be of sufficient depth to include all resisting tissue. This then gives the necessary relaxation and suppleness to the part, and the new blood vessels which form the line of incision soon add to the blood supply. A number of methods have been mentioned but all have the same end in view. Two deep right angle incisions may be made or a number of radical shorter ones, or again a circular incision around the ulcer.

It may be advisable at times to excise and cauterize a small ulcer, especially if it be tubercular or carcinomatous in origin.

Curettage or scraping is a procedure of universal acceptance, and most valuable in many forms of ulceration, and is probably resorted to oftener than any other single operation. It gives happiest results in chronic ulcers that have resisted routine treatment.

Skin grafting and X-ray treatment offer other valuable avenues in ulcerative procedures, but this phase of the subject is so vast that I have not the time to incorporate it in my paper.

If I have not brought out anything in this paper that may be of benefit to you in your work along this line, I hope that it may at least serve to arouse your interest again in this all-important subject, so that you may avoid the general tendency to regard it lightly.

NOTES OF ABORTION AND ITS TREATMENT.*

BY W. H. LAWTON, M. D.
Vance, S. C.

Mr. President: Dr. Samuel Johnson opens one of his novels with this sentence: "Ye who listen with credulity to the whispers of fancy, and pursue the promises of youth, and that the deficiencies of the present day will be supplied by the tomorrow, attend to the history of Rasselas, prince of Abyssina." It is ever thus with man, irrespective of what calling or vocation he pursues. The future is tinged with gold, and success and pre-eminence is stamped in large letters on the distant horizon. The youth as he commences life's journey sees not the dangers and difficulties that await him. The past is a blank, the present a desert. 'Tis the future and only the future that sings the siren songs of enchantment and points the finger of Hope to the palace of Fame.

And especially is this the case in medicine. The few years he has spent in acquiring his medical education has metamorphosed him from a student to a Sena; from a medical ignoramus to a Marion Sims. The present which should be employed by the study of text books and a few good journals and by imbibing and digestion the little clinical experiences is oftentimes wasted. He is hoping to succeed without toil, and attain knowledge without application. The old doctors with whom he comes in contact with are imbeciles or grannies. He is surprised that the people don't employ him more and is sorry for the poor deluded souls. More especially is this the case with the country physician. Thrown off by himself beyond the reach and influence of his preceptor, he is apt

to drift along with little incentive for studious application, heedless of the passing moments, until he lapses into a kind of routine practice.

When I graduated and moved down to my present home, I was what may be termed a medical stand patter. I knew it all. No disease that I could not treat. No symptoms that I could not diagnose. I had but one prognosis, namely: recovery. But soon, ah! soon, approaching death, blotted out every hope of success. I thought I was well up on malarial diseases, till I had a few cases of hemorrhagic fever. Dysentery was nothing to treat, till an epidemic came through our country and claimed 50 per cent. of its victims. O! how helpless a physician feels when no line of treatment seems to touch, with the magician's wand, the disease. Can any physician ever forget his first case? I shall never forget mine. It was a dark and dismal night and I got a hurried call to see a sick boy about three miles in the country. The message said he was about eight years old and very sick. Well, I tried to diagnose the case before I saw the patient. Tried to arrive at a diagnosis by exclusion, so to speak. I knew being a boy, he could not be suffering with metritis, endometritis, metorrhagia, menorrhagia and allied diseases. He was not likely to have locomotor ataxia, elephantiasis, beri-beri, or other tropical diseases. Appendicitis was not so fashionable then, and I did not exclude the belly-ache, then what was the matter with the nigger. I got very much wrought up and the nearer I got the more restless and nervous I became. I was tempted to return home and send word that I had lost my way. When I arrived at the house the father came out to meet me and said, "Come in, doctor, Claud's got the measles."

*Read before Orangeburg County Medical Society.

"Thank God," says I. "What," says he, "thank the Lord that Claud got the measles!" "Yes," says I, "for I am cash on the measles; and gentlemen, I had not seen a case in twenty years.

And then my first labor case! Who can forget his first labor case! That's the time to try a man's soul! That's the time he fails, when the grasshopper is a burden, when hours seem minutes, and minutes hours, when he wishes he had never seen a medical book, and curse the day wherein he decided to be a doctor. But who can ever forget his first experience? It is indelibly stamped on my mind. I may forget to eat or drink or sleep or breathe, but never shall I forget my first experience with a case in parturition. It was another of those dark, gloomy and peculiar nights. I have often wondered why women will select such nights for parturition. Another physician had been engaged, as I was the young doctor, but unfortunately he was engaged on a similar case at the time and could not attend, so I was hastily summoned. When I arrived she was in the throes of travail, and it was no time for an introduction.

As I walked in she cried out, "Doctor, do do something," and gentlemen I felt like doing it. But I put on a bold front, pulled off my coat, rolled up my sleeves and called for hot water. I asked the midwife if she had a sterilized towel. Said she never had seen one, which I well believed. After thoroughly washing my hands, I made an examination and looked wise. If I had stuck my finger in a tub of lye soap, I could not have told the difference. But as the old Latin proverb says: "fortune favors the fool," for in about half an hour she gave birth to her first boy, followed by no complications, and Lawton got the credit.

Such cases are some of the difficulties

that a young doctor experiences, and if he is wise, he will profit by his mistakes. The older I grow, and the more I read and study, and the more experience I get, the less I seem to know. As you increase the circle of knowledge you also increase the outer circle of darkness and ignorance. It brings forcibly to mind those lines of Pope's: "When ignorance is bliss 'tis folly to be wise." Every now and then we see in some Journal where some doctor has not lost a case of pneumonia or typhoid fever in years. I am reminded of that passage of scripture, where David says: "I said in my haste all men are liars." I am only an ordinary country physician, and people still die in my country.

Now I want to discuss for a few minutes abortion and its treatment. I will not give the etiology or pathology. If I did I would have to go to the text books, and all of you have free access to them.

"Abortion is a term used to denote the expulsion of the product of conception, alive or dead, during the first six months of pregnancy; or more exactly the expulsion of a product of pregnancy which has not yet attained the period of viability." Some authorities only apply the term "abortion" to the expulsion of the ovum during the first three months, while "immature conception" from the end of the third month to that of the seventh, i. e. from the formation of the placenta to the time the child becomes viable. When the expulsion takes place between the period of viability and the normal term of pregnancy, it is called "premature delivery."

Symptoms: No matter what terms we use, the treatment is essentially for the same symptoms. Most authorities divide abortion, as to its symptomatology, into four classes:

(1) Abortion occurring during the first month.

(2) Abortion occurring during the second month.

(3) Abortion occurring between the beginning of the third and end of fourth month.

(4) Abortions occurring during fifth and sixth months. Abortion occurring during the first simulates retarded menstruation so closely that it is rarely discovered.

Abortions happening during the second month are more noticeable, uterine contractions are greater and stronger, hemorrhage more profuse and the embryo is usually expelled in the unbroken membranes.

Abortions happening during the third and fourth months are the most dangerous. Abortions happening during the fifth and sixth simulate labor and the hemorrhage as a rule is not so profuse. The placenta in a few minutes follows the foetus.

Statistics show that the retention of the placenta occurs most frequently during third and fourth month. Ayers, in N. Y. Medical Record, Sep. 28, 1895, says: "At three months the placental form is well established, and the uterine contents behave much as they do at full term, with these differences; the placenta is less firmly put together and is more firmly united to the uterus. There is danger, therefore, of masses of placenta being retained even though much may be expelled." That has been my experience. Abortions occurring during third or fourth month I have nearly always found retained secundines and alarming hemorrhage if prompt measures were not instituted.

Diagnosis: "Pain, hemorrhage, dilated cervix, and descent of the ovum are the characteristic features of abortion which easily distinguishes it from

other diseases." Threatened abortion being present, when it is inevitable? (1) It is inevitable when the membranes are ruptured. (2) When the foetus is dead. (3) When any foetal part is engaged already in the cervix (Auvard). So long as symptoms of these three conditions are absent, abortion may not occur (Sajous's Cyclopaedia).

Prognosis: Prognosis applies to the mother only, as the embryo or foetus always perishes. The great danger lies in excessive hemorrhage or septic infection. The degree of the first and the danger always attending the latter, should cause the physician to be very conservative in rendering a prognosis.

Treatment: What most concerns the patient, which can be divided into prophylactic and active. Some women become habitual aborters, and I find it generally occurs about the third month, sometimes the fourth, or fourth period after cessation of menses. I have known them to retire feeling unusually well, and awake during the night by a profuse hemorrhage and abdominal pain. Inquiry always reveals the act of coition. Bodily fatigue, undue excitement, fright or any nervous shock may cause abortion in such women.

Dysentery is very apt to cause abortion with such patient. In fact any disease is dangerous if happening at third or fourth month. I had a patient in my practice who was very anxious for a son. She had aborted three times, twice in succession during third month, then she gave birth to a daughter and again aborted during third or beginning of the fourth month. When she became pregnant again, she was treated at usual time. Rest in bed, morphine and atropine, light nutritious food, bowels emptied by enemata, and a bed to herself, carried her safely through and she is

now the happy mother of a fine boy. But when membranes are ruptured or any part of foetus is engaged in the os, the abortion is inevitable and the best treatment is to hasten it. I have had five cases of abortion within the last twelve months. Two at the beginning of third month, and the other three at the beginning of fourth month, and the treatment that I pursued was so satisfactory that I will relate some of the cases. In these cases, that is, when all means to avert abortion fails, the best thing to do it to empty the uterus. As long as anything is in the uterus, there is danger of hemorrhage. It may come on any time and in alarming proportions. The best instrument to empty the uterus, is the spiral curette. There are three sizes, small medium, and large. Of course operation should be as near aseptic as possible, all instruments should be boiled, vulva washed with soap and hot water. If hemorrhage is not severe, a hot vaginal douche. All these details I attend to myself. I am afraid to rely on the nurses that are usually found in private practice. Then the patient is placed on her back on a Kelly pad, a Hodges speculum introduced and the spiral curette introduced and the contents of uterus bored out. The action is like the action of an auger. If the contents do not come away readily, unscrew a little and pull gently on curette. Sometimes the os will be caught against the lower bill of speculum and give patient pain; but by gentle manipulation, the whole uterus can be thoroughly cleaned to fundus. Then wash out uterus using blunt ring-ing curette with bichl. hydr. 1-4000, in water as hot as can be borne. Afterwards, plain hot water, for fear of mercuric poisoning.

Case 1. I was called Dec. 13, '06, to Mrs. F. While mother of six children,

she was taken suddenly ill with severe hemorrhage; felt, she said, like she was floating away, heart irregular and weak, and sighing respirations. A physician was bird-hunting with her husband and they were hastily summoned. He gave her strichnine, nitro-glycerin, ergot, etc. About sundown I was hastily summoned and asked to bring instruments. When I arrived, after examination, I advised emptying uterus. She was placed in proper position, prepared as before mentioned (except the douche) and the contents curetted away. Hemorrhage immediately stopped. Uterus contracted, and she dozed off to sleep. She was placed on strychn. 1-40 gr. t. i. d., quin. 3 gr. t. i. d. She recovered without any fever. The four other cases are similar to this one. In two of them the foetus was delivered before I saw them, but hemorrhage was still severe as the placenta was adherent. In every case the spiral curette cleaned out everything, and by using afterwards the blunt irrigating curette, you can always detect anything left in uterus.

Case 2. Sometime ago I was called to see a patient. She informed me that four days previous she had a mishap, and that the midwife said everything was alright, but she had a chill that day and felt like she had fever. I found tem. 104 degrees, pulse rapid, lochial discharge very offensive, over stomach very painful. Not knowing the nature of the case, I had carried no instruments. I told her I would be up early in the morning, as it was then 12 midnight. Next day after preparing her, I curetted away two pieces of placenta as large as my hand, then I thoroughly irrigated the uterus. Tem. was normal in 48 hours, and she made a rapid recovery. In all such cases I find the spiral curette the instrument par excellence. I have had five cases of labor within the last four weeks. In two of the cases on the fourth day, a chill and high temperature. In one of the cases, by using the spiral curette, I curetted away a piece of decayed placenta the size of my thumb, which was very offensive, in 24 hours, tem. normal. In the other case

a lot of detritus, and in this case I also found a small abrasion the size of a pea. Without removal of the cause, each case might have continued, for undoubtedly the chill and high temperature developed septic infection.

One thing that has struck me forcibly in gynecological works is the absence of the technique of operations. It is surprising to find a physician endeavoring to curette the uterus without the aid of a speculum, yet such things have happened. And again to hear them tell the poor lacerated patient that she will get well and enjoy good health without repairing the perineum. How many women go through life suffering with headache, backache, hysteria, and a host of nervous disorders, simply because a physician through ignorance or carelessness, failed to find and repair a laceration. Always look for a laceration. Sometimes a severe tear is not visible from the outside, but by inserting a finger into the rectum and lifting it up, a severe tear can be sometimes found. Always repair a laceration. The operation is simple and easily performed, but I am digressing and am getting off my subject, so I will bring these desultory notes to a close.

IS MEDICO-LEGAL LEGISLATION NEEDED IN SOUTH CARO-

LINA?*

BY WALTER CHEYNE, M. D.
Sumter, S. C.

The practice of medicine has widened out into so many branches the past twenty years that it is easy to see how the sub-divisions of practice must affect medico legal knowledge.

Medico-legal medicine may be defined as the science which applies the prin-

ciples and practice of the different branches of medicine to the elucidation, in judicial proceedings, and subject to legal forms and rules, of questions relating to the cause or time of death, conception and birth, or the cause or effect upon the legal status of individuals of mental or physical disease or injuries. (Hamilton.)

"In a general way the evidence given by medical and chemical experts has been classed as opinion evidence—that is to say, as evidence which consists in the expert giving the conclusions, which he, as a scientific man, draws from certain facts which have been, or are supposed to have been, proved. But owing to the progress of the science of medicine, and as the result of the modern scientific method of investigation with accurate results, medicine and chemistry have become more worthy to be classed as exact Sciences, and much of the testimony of physicians which formerly might rightly have been classed as pure matter of opinion is now as much a statement of fact as a statement of the law of gravity, or the fact that the earth moves around the sun."

The so-called "expert testimony" summoned by millionaire defendants is often unfortunately a parody on justice and certainly an evidence that some men have their price.

Loose and inaccurate observations, hasty deductions from preconceived ideas, have undoubtedly many times caused the Goddess of Justice to tremble on her shaking throne.

I believe that every Coroner in our State should be a graduate in medicine and surgery.

In ancient times it was necessary that the coroner be a Knight possessing sufficient means to answer to all manner of people, for if he had not enough estate

*Read before the Annual Meeting of the South Carolina Medical Association, at Anderson, April 15—17, 1908.

to answer all fines and duties imposed; the county as his superior and surety, and as a punishment for selecting an inefficient officer, must answer to him. Later, this requirement was dispensed with.

I make some quotations from "American and English Encyclopaedia of Law." In Louisiana, a coroner is elected by the qualified electors of a parish, and must be a lawful citizen of the State, of fair education, good moral character, and must be possessed of general business qualities, and must have a medical or surgical education. In Rhode Island, the town councils of the several towns and the city councils respectively elect as many coroners for their towns or cities as they deem fit. In Connecticut the coroner is appointed by the judges of the Supreme Court, upon recommendation of the State Attorney. In New Hampshire, he is appointed by the governor and council. In West Virginia, he is appointed by the county court. In Tennessee he is elected by justices of the peace in county court assembled.

The qualifications of the old English law are good ones. "He should be probus homo; legalis homo; of sufficient knowledge and understanding: of good ability and power to execute his office according to his knowledge and, lastly of diligence and attendance for the due execution of his office."

The office is equally as important, or should be, as the office of the prosecuting solicitor of a judicial circuit. Our State has been accused time and again, of condoning crimes, of allowing murderers to escape without a trial; or the State is satisfied with an acquittal by an ignorant Coroner's Jury on insufficient or partial testimony, not rebutted by cross examination. A Coroner of education, with power of law to impanel an intelligent jury, is the first step to

aid justice and punish the guilty. Ask the Solicitors of our State the value of the ordinary Coroner's evidence in his murder cases, and he will tell you it is defective in some point or other. The doctor as coroner means today an educated man as coroner. If a doctor must be called as a medico-legal expert, would he not be the better man to have charge of all the legal forms? The medical coroner then must be a man who is not a neophyte in medicine, whose knowledge tells him whether the corpse found in the water has been drowned accidentally or has been poisoned, shot or knifed and thrown in to cover the crime.

Who must know the petechiae marks of the early stage of decomposition and how they differ from contusions. The examination of a body is both external and internal. Fractures of the skull are easy to escape observation. Direction of a wound is the first and most important detail. Wounds of the scalp, clean cut as by a knife can be produced by a blunt instrument. Corrosive poisons always leave their mark on mouth, throat or gullet. Time of death, the onset of rigor mortis all require special knowledge. And yet, with all this special knowledge and experience needed to know the cause of death, the State of South Carolina requires no condition of the man who is Coroner, except that he give bond and be elected by his County. As a matter of fact, busy practitioners avoid the services of Coroner's physician as underpaid for services rendered and as compelling attendance for days in court rooms at the price of a laborer's hire.

The Coroner should be a physician of ability and experience. He should have a territory corresponding to the Judicial Circuits. He should at all times in all cases, be in immediate touch with the Prosecuting Solicitor of his Circuit. He

should receive a salary of not less than \$2,500. Such a change will require in our State a constitutional amendment, for no coroner has jurisdiction out of his own county. But I assert, that if such a change in the law be made, that justice, even tempered, will hold her sway in greater peace.

Discussion.

Dr. Burdell: In discussing this paper I will relate an incident that occurred a few years ago in my county. A child, new-born, was found buried in the garden of the negro quarter on the plantation. The coroner summoned his jury, and at the inquest had two physicians—a doctor who had been practicing about twenty years, and myself. We examined this child, and found grains of sand in the throat. Undoubtedly the child had breathed after being buried in the dirt. We found a girl who had recently delivered a child, and got her on the stand, and she testified that she had had some stomach-ache the night before, and had gone out, she thought, to have an action from the bowels; that she scraped some little dirt over it when she got through, and went back in the house. That inquest returned a verdict to the effect that the child was still-born. I believe a good coroner could have announced a verdict on a different line.

Dr. H. R. Black: I rise to endorse the paper as one of the most timely read before this association. Justice is oftentimes thwarted by the lack of a competent coroner. The average coroner of South Carolina perhaps is not competent to ask just such questions of the attending physician as will bring out points the doctor is not going to tell unless he is made to tell, because oftentimes he is a friend of both sides of the homicide. I just wanted to endorse the paper, and would like to see one in each county in stead of each judicial district.

Dr. Rees: I move that this paper be brought before the House of Delegates and referred to the council to be acted on. It seems proper to go as a suggestion from this society to the legislature for enactment. Motion seconded and adopted. (See minutes of House of Delegates.

the following members being present: Drs. W. F. Graham, A. R. Johnston, Carlisle Johnston, G. A. T. Johnston, J. R. Johnston, P. M. Judy, J. P. Mellard, D. F. Moorer, W. P. Shuler, Edmund W. Simons, and Elias D. Tupper, nearly 50 per cent. of the entire membership.

For the city association this would not be a good showing, but when it is considered that an association includes the practitioners of not only the county of Dorchester, but also the lower part of Orangeburg, as well as a portion of Berkeley, a large area, with members widely scattered, it is a fine record to have such a large percentage at a meeting held in the morning, a time when most of the men are busy.

The physicians from St. George and adjacent country were inclined to interpret the large attendance as due to the attractions of the county seat, and were highly in favor of making their town the regular meeting place of the Association. They certainly have a splendid little town, full of the most hospitable people, but as Summerville is to have the State meeting next year, she wants to get the county members in the habit of coming within her borders, in order to have Dorchester fully represented when the large gathering takes place, hence she contested for the honor of the next meeting.

Dr. Carlisle Johnston read an excellent paper on Puerperal Eclampsia, which was fully discussed by nearly all present.

The next meeting will be held in Summerville, July 6th, at 8:30 P. M., when Dr. F. Julian Carroll will read a paper.

Dr. Lester thinks the county secretaries should be double-taxed for not sending in reports more regularly. Truly these individuals are unfortunate; a few months ago their obituary was written, now a double tax is suggested. The April "Journal" was prematurely delivered, and while the May issue came to full term it was overgrown, being filled with the more important and interesting news of the State Association's doings, which two facts may account for the apparent delinquencies of the county secretaries.

EDMUND W. SIMONS.

Secretary.

County Societies

DORCHESTER.

The regular monthly meeting of the Dorchester County Medical Association was held at St. George on Monday morning, June 1st, and was particularly well attended,

GREENVILLE.

The Greenville County Medical Society met June first. The meeting was called to order by the Vice-President Dr. Richardson.

An interesting clinical case was reported by Dr. H. L. Shaw.

The following able and practical papers were read at this meeting, first on the therapeutics of Iodide of Potash by Dr. L. C. Richardson and on Treatment of Pulmonary Tuberculosis by Dr. R. D. Smith. Both papers were freely discussed.

No special business was transacted at this meeting. The following program was arranged for the July meeting.

First a paper on "Croup" by Dr. E. W. Carpenter. Leader of Discussion, Dr. W. Y. McDaniel.

Second "Menstrual Disorders" by Dr. J. B. Earle. Leader of Discussion, Dr. H. L. Shaw.

The following members were present, Drs. Bailey, Black, Burnett, Carpenter, J. B. Earle, League, Martin, McDaniel, Richardson, Shaw, Smith, Stephens and Stone.

July Meeting.

The regular meeting of the Greenville County Medical society was held July 7th.

President Jervey being absent in Europe, the call to order was made by Vice-President Richardson.

Interesting clinical cases were reported by Drs. Carpenter, Gentry, Shaw and Smith.

A concise and splendid paper was read by Dr. Carpenter on "Croup." The paper dealt with the practical phrases of the subject and offered valuable suggestions in diagnosis and treatment. A number took part in the discussion.

"The expected paper on "Menstrual Disorders," by Dr. J. B. Earle was omitted as the Doctor could not be present. The time was utilized however, in listening to Dr. C. B. Earle give a report of his recent trip to the meeting of the American Medical Association in Chicago.* The Doctor's remarks were greatly enjoyed by all.

Under the head of miscellaneous business the application of Dr. T. E. Stokes was presented. The same was put into the hands of the board of Censors and will be acted on at the next meeting. Five dollars accompanied the application.

The program of the August meeting is as follows:

First, "Obstruction of Bowels" by Dr. T. B. Duckett.

Leader of Discussion, Dr. C. T. J. Giles.

Second, "Gastritis" by Dr. F. G. James.

Leader of Discussion, Dr. J. R. Ware.

Those noted as present at this meeting are as follows:

Drs. Burnett, Carpenter, Duckett, C. B. Earle, Giles, Goodlett, Gentry, Houston, James, Martin, L. O. Mauldin, Richardson, Smith, Stephens, Stone, Shaw. We were glad also to have with us Dr. Smith from Greers.

W. M. Burnett, Secretary.

Personal

Dr. Robert Wilson of Charleston has been elected Dean of the Medical College of South Carolina.

Drs. Jas. W. Babcock and J. J. Watson are in Italy studying Pellagra. They will return in September.

Drs. J. W. Jervey and Davis Furman of Greenville are in Vienna. They will return about the tenth of August.

Drs. A. E. Baker, of Charleston, J. L. Bolt of Pickens, Cheyne of Sumter, Cathcart of Charleston, Dawson of Charleston, J. H. Hamilton of Union and C. B. Earle of Greenville were registered at the Chicago meeting of the American Medical Association.

Drs. F. Julian Carroll of Summerville and W. C. Black of Greenville attended the Denver convention of the Democratic Party. They were delegates to the convention from this State.

News and Miscellany

THE CHICAGO MEETING.

The Fifty-ninth Annual Session of the American Medical Association was held in Chicago, June 2 to 5. For the first time since the St. Paul meeting in 1901, the Association met in the center of the country.

To this fact, as well as to the greatly increased membership in the last few years is due the large attendance. The registration office opened at 8:30 on Monday morning and it was apparent almost from the start that all previous records of attendance would be broken. In the four days of the session 6,447 members were registered. Including those Chicago members who did not register, there were at least 500 in attendance whose names do not appear on the registration list. The actual attendance would not fall far short of 7,000. Adding at least 10,000 guests, exhibitors, etc., makes the actual number of persons in attendance about 17,000. The weather was of that well nigh perfect brand that Chicago can exhibit at times, being bright and clear, yet pleasantly cool and bracing. The general headquarters and registration offices were located in the First Regiment Armory at Sixteenth and Michigan Avenue, where were also found the Sections on Stomatology and Pathology and Physiology, as well as the House of Delegates, Commercial Exhibit, Scientific Exhibit, etc. This building, one of the finest national guard armories in the country, served admirably for convention purposes. The meeting places for the other ten sections were the First and Second Presbyterian Churches, Sinai Temple, the Calumet Club and Grace Second Parish House, all within a few blocks of the general headquarters and the Orchestra Hall in the downtown district, in which the Section on Surgery and Anatomy met. This hall, one of the handsomest auditoriums in the city, seats 2,500 and was supposed to be ample for the meetings of this section, yet it was on several occasions inadequate, being crowded to the doors.

The House of Delegates was called to order on Monday morning at 10:00 by the President, Dr. Joseph D. Bryant, of New York, who in his presidential address commended the work of the Council on Pharmacy and Chemistry as well as that done by Dr. McCormack in educating the public. He also recommended that a standing committee be established to elaborate the ethical principles underlying the practice of medicine and that general instruction in ethical medicine be made a part of the under graduate course. He dwelt partic-

ularly on the efforts now being made to restrict animal experimentation and recommended action by the House of Delegates on this subject.

Dr. Bryant also called attention to the invitation extended by President Roosevelt to him as President of the American Medical Association, to take part in the Conference recently held at Washington on the Conservation of Natural Resources.

The report of the General Secretary showed that the membership of the Association on May 1, 1908, was 31,343, a net gain for the past year of 3828. The reports received from state associations regarding the organization of branch associations showed that two states had voted in favor of their establishment, seven had voted against and the remainder had at the time of the publication of the report taken no action. The appointment of a committee to consider uniform provisions for the regulation of county, state and American Medical Association membership was recommended. A communication was presented from the secretary of the American Association for the Advancement of Science asking that the American Medical Association appoint representatives to the Council of that body.

The report of the Board of Trustees included the customary report from the auditing company, showing that the entire business for the fiscal year of 1907 was \$385,030.89; that the total expenditures of the year had amounted to \$356,222.21, leaving a net revenue for the year of \$28,808.68. Detailed statements of all the various accounts of the Association's business were given showing the items in each case. The report showed that during 1907, 2,715,293 copies of The Journal had been issued, forming a weekly average of 52,217, an increase of 12 1-2 per cent. over 1906.

The committee on Medical Legislation reported that the Army Medical Reorganization Bill and the Carroll-Lazear Pension Bills had become laws during the last session of Congress. The importance of uniform and adequate state legislation on the practice of medicine and the preservation of public health was emphasized as well as the necessity of careful study of the problems involved. The Committee re-

commended that pending the completion of the work now being done only those changes in existing laws which are imperatively needed should be attempted by state associations. The formulation of the Vital Statistics Bill, endorsed by the United States Census Department, the American Public Health Association, the Conference on Uniform State Laws of the American Bar Association and The American Statistical Association, was reported and the endorsement of the House of Delegates was asked for this measure. The report of the Chicago Conference on Medical Legislation was also given.

The Council on Medical Education reported that the work of the Council during the past year had been along the following lines:

1. The inspection and classification of medical colleges as (a) acceptable, (b) doubtful and (c) unsatisfactory.

2. The conducting of an annual conference with representatives of state examining boards and leading educators for the discussion of the important problems of medical education and medical licensure.

3. The collection and complication of data regarding (a) medical college students and graduates and (b) regarding results of state license examinations.

4. A thorough investigation of preliminary and medical education in Europe.

5. Working for the advancement of the requirement of preliminary education in the United States to include a year's work in physics, chemistry, biology and modern languages.

6. Obtaining accurate information regarding high schools and universities in their relation to medical education.

The Board of Public Instruction reported that it had secured a secretary, Dr. R. Max Goepf, and that it was considering the establishment of lecture systems and of state boards of public instruction and intended to publish articles in the magazines and public press for the enlightenment of the public on disease.

The Committee on Ophthalmia Neonatorum advised the enactment of laws in each state regarding the registration of births and placing the control of midwives in the hands of the boards of health; that health boards distribute circulars to mid-

wives and mothers on the dangers and prophylaxis of this disease; that state and local boards of health prepare and distribute proper prophylactic solutions with specific directions for their use; that proper records be maintained in all hospitals in which children are born; that periodic reports be made by all physicians to boards of health; that concerted effort be made along the lines of public education throughout the country. This report was approved by the chairmen of the Sections on Ophthalmology, Obstetrics and Diseases of Women and Hygiene and Sanitary Science.

The Committee on Scientific Research recommended the appropriation of \$200 for the assistance of each of the following:

Drs. D. J. McCarthy and M. K. Myers, Philadelphia, "An Experimental Study of Cerebral Thrombosis."

Dr. Karl Voegtlin, Baltimore, "Chemistry of the Parathyroid Glands."

Dr. Isabel Herb, Chicago, "A Study of the Etiology of Mumps."

Drs. R. M. Pearce, Albany, N. Y., H. C. Jackson and A. W. Elting, "A Study of the Elimination of Inorganic Salts in a Case of Chronic Universal Edema of Unknown Etiology with Apparent Recovery."

Dr. H. T. Ricketts, Chicago, "An Investigation of the Identity of the Rocky Mountain Fever of Idaho with that Found in Western Montana."

On Tuesday afternoon at the third meeting of the House, the reports of the Reference Committees were taken up, the Reference Committee on Medical Education approving the work of the Council on Medical Education and recommending that it be continued. The Reference Committee on Reports of Officers recommended the appointment of a committee of five to consider the elaboration of the Principles of Ethics. Resolutions condemning the legislative efforts to restrict animal experimentation were presented. The action of the Board of Trustees in preparing the second edition of the Directory was approved. The Reference Committee on Legislation and Political Action recommended the approval of the model law for vital statistics, which recommendations were adopted. The resolution presented by Dr. A. T. McCormack of Kentucky requesting all state associations publishing or controlling medical journals to

restrict advertisements to such preparations as were approved by the Council on Pharmacy and Chemistry was adopted. A committee of three to confer with a like committee from the American Pharmaceutical Association in regard to drug reforms was authorized. The candidacy of Dr. C. A. L. Reed of Cincinnati, for the United States Senate, was endorsed.

On Thursday afternoon the annual election took place with the following results:—

President—Dr. William C. Gorgas, Ancon, Panama.

First Vice President—Dr. Thomas Jefferson Murray, Butte, Montana.

Second Vice President—Dr. John A. Hatcher, El Reno, Okla.

Third Vice President—Dr. Thomas A. Woodruff, Chicago, Ill.

Fourth Vice President—Dr. E. N. Hall, Woodburn, Ky.

General Secretary,—Dr. George H. Simmons, Chicago, Ill., re-elected.

Treasurer—Dr. Frank Billings, Chicago, Ill., re-elected.

Trustees to serve until 1911—Dr. Wisner R. Townsend, New York; Dr. Philip Mills Jones, San Francisco; Dr. William T. Sarges, Sparta, Wis.

The following nominations were made by the president and confirmed by the House of Delegates:—

Committee on Medical Legislation—Dr. Charles Harrington, Boston, Mass., to serve until 1911.

Council on Medical Education—Dr. Victor C. Vaughan, Ann Arbor, Mich., to serve until 1913.

Committee on Transportation and Place of Session—Dr. M. L. Harris, Chicago, chairman, for three years.

The following were elected honorary members:—

Dr. Edward F. Schaefer, Edinburgh, Scotland.

Dr. August Martin, Griefswald, Germany.

Dr. E. Treacher Collins, London, England.

The committee on Transportation and Place of Session recommended Atlantic City as the next meeting place which choice was agreed to by the House of Delegates. The Reference committee on Legislation

and Political Action reported, requesting the committee on Medical Legislation to arrange for a conference with the committee of One Hundred, the Surgeons-General of the Army, Navy and Public Health and Marine-Hospital Services with a view to securing co-operation on the establishment of a National Department of Health. After the transaction of some routine business the House adjourned.

One hundred and thirty-four members of the House were present out of a total membership of one hundred and forty-two. The meetings of the House were better attended than at any time since its organization. The business was dispatched with accuracy and rapidity, the most notable tendency being the reference of resolutions, communications, etc., to the appropriate reference committees without discussion, reserving the consideration of the questions involved until the reference committee had considered the matter and submitted a report.

The social events of the week were particularly attractive. On Monday night the secretaries of the state associations and the editors of the state journals met at dinner and completed the organization of a state secretaries and editors association. A dinner of foreign guests as well as a number of other social events also occurred on Monday evening. On Tuesday evening twenty-seven alumni dinners were held in the various hotels and restaurants throughout the city, the largest being that of Northwestern University Medical School held at the Illinois Athletic club, at which over 800 alumni were present. On Wednesday evening the president's reception and ball was held at the Coliseum, thousands of members and guests being present. On Thursday evening the local profession tendered the members of the Association a smoker at the Coliseum, at which the attendance amounted to about 8,000. Numerous social attractions were provided during the day for the ladies and guests, including receptions at the South Shore Country Club, Chicago Women's Club, etc. The sections were all largely attended and the programs were of a high order. The session was in every way the most noteworthy of any which has yet been held and it is anticipated that some years will elapse before the record established will be surpassed.

FIRE AT FLORENCE INFIRMARY.

The Florence Infirmary owned by Dr. F. H. McLeod, was destroyed by fire on the nineteenth of June resulting in almost a complete loss.

The patients were all removed in safety to neighboring houses.

Dr. McLeod will have his place repaired as soon as possible and will reopen in the near future.

Obituary

W. H. TIMMERMAN, M. D.

Was Former State Treasurer of This State—Highly Esteemed.

Batesburg, July 15.—Dr. W. H. Timmerman, of Batesburg, died July 14th from pneumonia.

His funeral services were held July 15th at 5 o'clock. The interment will take place at the Timmerman family burying ground in Edgefield county, to which point the burial party will go through the county from Johnston.

Dr. Timmerman was 76 years old. He was State Treasurer of South Carolina for a number of years prior to 1900. He held that position of honor and trust to the best of his state.

There was no man in South Carolina who was more highly regarded than was Dr. Timmerman.

He left a widow, three daughters and three sons, two of whom are physicians, namely: Drs. R. H. and W. P. Timmerman, of Batesburg.

The sympathies of the profession throughout the State are extended to the bereaved family.

DR. JOHN F. DANIEL DEAD.

Well Known Physician of Saluda Succumbed to Paralysis.

Saluda, June 23.—Dr. John F. Daniel died at his beautiful country home, six miles south of this place, early yesterday morning, after an illness of some three weeks. He was partially paralyzed in the facial muscles at first, but was not confined

to his bed for several days afterward, when the paralysis gradually became more pronounced and for two weeks before he died he could not utter a word. All the members of his family were at the bedside when the end came.

Dr. Daniel was about 75 years of age and had been practicing medicine for nearly half a century. He came of one of the oldest families of this country. The home in which he lived all his life was built by his father 92 years ago, and although remodeled and enlarged yet the portion built by his father is well preserved.

Surviving him are his wife and seven daughters and his two sons, William L., of the Saluda bar and John M., now of the Greenville bar.

The deceased was the owner of a large and valuable tract of land near Saluda and a stockholder and director in the Bank of Saluda.

He was buried from old Red Bank church in this town, of which he was a lifelong member, yesterday afternoon.

TRIBUTE OF RESPECT.

Whereas in the providence of God, death has again entered the ranks of our association and removed from our midst a worthy member, and

Whereas, We desire to place on record our appreciation of our late fellow-member's worth and the expression of our sorrow, therefore

BE IT RESOLVED: That in the death of Dr. T. H. Abbott, this Association mourns the loss of a valued member, one who was identified with it at its inception, and who always took a lively interest in everything pertaining to its welfare.

RESOLVED: That our profession has sustained the loss of a conscientious and faithful worker, who by his life and conduct, strove to uphold the dignity of the profession and to advance its interests and the community in which he lived and labored, the services of a patient and kind and loving Christian physician.

RESOLVED: That a page in our minutes be inscribed to his memory and that these resolutions be published in the "Journal of the South Carolina Medical Association" and the "Dorchester Eagle" and a copy be

sent to the family of the deceased, expressing our heartfelt sympathy.

J. P. Mellaw,
J. B. Johnston,
P. M. Judy.
Committee.

Current Reviews

REPORT ON MATERIA MEDICA AND THERAPEUTICS.

E. A. HINES, M. D.

73 Eczema.—Schwenter reviews the various measures in vogue for treatment of eczema, and remarks that the curative action of sulphur in certain forms and of tar preparations in others indicates that they act on the causal germ. Prolonged application of alcohol will destroy all the cocci on the skin, and alcohol sprays and alcohol dressings are, therefore useful. The eradication of the eczema parasites in their remotest nooks is an important part of rational treatment, and is the only means of preventing relapse. Special attention must be paid to the hair follicles, the lanugo hairs, the crevices around the nails and all the folds of the skin and parts subject to friction. The previous sites of eczema must be cleansed daily; if dry, they should be rubbed with some mild disinfecting salve; if greasy, alcoholic solutions and soaps should be given the preference.

9. Neuralgia.—Goldan injects pure chloroform in quantity varying from 2 to 10 minims, into the site of the neuralgic area with an ordinary sterilized hypodermatic syringe, with aseptic precautions. He illustrates with drawings the points of injection for particular neuralgias. He quotes good results in facial neuralgia, torticollis, brachial and intercostal neuralgias, sciatica, lumbago, inguinal neuralgia, coccygodynia, planter neuralgia and tendinous neuralgia (after acute rheumatism). He explains the action by its determining a new blood supply, on the theory that "neuralgia is the cry of nerves for blood." His conclusions are: The nearest approach to a specific in neuralgia is, in his opinion, chloroform. The method has in his hands proved to be

devoid of any untoward effects, either immediate or remote. Chloroform injected locally has no systemic effects. It has a local anesthetic, which is desirable. Superficial injections often act with certainty, even when the pain seems to be deep-seated.

Laxative

Syrupus Rhei Et Potassii Compositus.
Tinctura Rhei Aquosa.
Tinctura Rhei Et Gentianae.
Tinctura Rhei Vinosa.

The dose of any one of these elegant preparations is 5 c.c., or 1 fluidram, three times a day, after meals, or in larger dose, once a day, for laxative purposes.

Pulvis Rhei Et Magnesii Anisatus. This powder is cirminative and laxative, dose for an infant, 0.30 gram, 5 grains.

9. Oil of Turpentine.—Smith considers that oil of turpentine as a remedy is falling into undeserved neglect. This is doubtless due to fear of irritation of the kidneys; but in small doses, such as 5 or 10 minims, it has little tendency to produce this result, and in large aperient doses, 2 drams to half an ounce and upward, the action of the drug is on the bowels and too little gets absorbed to pass through the old idea of mystery in the preparations of kidneys. Its value may be tested in hemorrhagic purpura, in which it may be given to a child of 5 or 6 years as an aperient, in a dose of 2 drams, with an equal quantity of castor oil. If the first dose is sufficient it may be increased without fear of doing harm. For children of 10 or 12 years Smith has given as much as half an ounce of each of the oils. In homophilia a brisk terebinthine aperient will some times bring about a cessation of the bleeding after local styptics have been used in vain. If necessary, the dose may be repeated in six or eight hours. Local bleedings, such as hemoptysis and the melena of typhoid, may be judiciously treated by the same remedy in smaller doses, say 10 to 15 minims three times a day. Other conditions in which it is useful are iritis, syphilitic or rheumatic, in the adult, in dram doses three times a day, amaurosis, and night blindness. If strangury is produced, the drug must be suspended and linseed tea be freely given. In small doses

it is an antiseptic and sedative in cases of flatulent colic. In the abdominal cramps of children, 3 or 4 minims of rectified turpentine, with or without double the quantity of castor oil, mixed with a spoonful of almond mixture, may be given three times a day. This combination is useful in tuberculous peritonitis. In hiccup, 10 drops with 30 drops of spirit of nitrous ether in aromatic water are very serviceable. A dose of 10 or 15 drops, two or three times a day after food, Smith has found to relieve the catarrh of the bile ducts. He also believes it helps in producing a solvent action on the gallstones. The curative value of turpentine by the mouth may often be supplemented and enforced by its use as an enema.

6. Nitroglycerin in Neuritis.—Stevenson reports thirty-two cases of neuritis treated with nitroglycerin after the method suggested by Krauss of Buffalo. Beginning with 1-100 of a grain every eight hours the interval was reduced one hour in every twenty-four until the full physiologic action of the drug was manifest, or the patient was taking 1-100 of a grain every three hours, at which interval it was continued. Sodium bromid controls the flushing and headache. In acute cases the effect was marked within forty-eight hours. In chronic cases, ammonium and potassium iodide in progressively increasing doses hastened the action of the nitroglycerin. The actual cautery was also used over the nerve.

Suprarenal Preparations in Dermatology.

N. E. Aronstam, in Central States Medical Monitor, states that the solution of the active principles of the adrenals, about 1 to 1,500 or 1,000 is a very powerful astringent and soothing agent in acute eczematous conditions and dermatitis. It allays the subjective symptoms, blanches the part by virtue of its astringent property without secondary dilatation of the capillaries. It is well to reinforce its action by the addition of some boric acid and camphor water in the following proportions:

R.

Acidi boracici	gr. v.	32
Liquoris adrenalini (1:1,000),	zī	4
Aquae camphorae	zīi	8
Aquae des. q. s. ad	zī	30

M. et Sig.: Saturate a piece of sterile gauze with this solution and apply to the inflamed or affected parts; renew the application when the dressing is dry.

Turpentine in Prophylaxis and Treatment of Puerperal Streptococcus Infection.

Fabre states that the Lyons maternity is used for teaching purposes, and yet the mortality is lower than outside the hospital. He ascribes this to his method of treatment with essence of turpentine, saying that whether the turpentine is ingested by the mouth, absorbed through the skin, lungs or by subcutaneous injection or introduced into the cavity of the uterus, the action is the same, namely, that of an internal non-toxic antiseptic. The organism tolerates comparatively large doses of turpentine, which has a peculiarly destructive action on the streptococcus. It also induces hyperleucocytosis and raises the opsonic power of the blood. Each of these properties is reviewed in detail. In his experience with turpentine he has found that from 4 to 10 gm. (1 to 3 drams) by the mouth and 2 gm. (30 grains) by subcutaneous injection are small doses and practically free from danger, although he warns against the intravenous route. He has never observed any unfavorable action on the kidneys; the diuretic action is slight. Albuminuria frequently vanishes and does not reappear during the treatment. His favorable experience with 254 infected cases in 6,524 confinements since 1904 has confirmed the value of the turpentine treatment to his complete satisfaction. Since last June he has been applying it systematically in prophylaxis. The results have been encouraging, the morbidity being materially reduced, as he shows by statistics and by comparison of alternating series with and without the injections. It was his predecessor, Professor Fochier, who advocated turpentine "fixation abscesses," finding them especially useful in puerperal infection.

NOSTRUM PRESCRIBING—ITS CURE.

Prof. Joseph P. Remington believes that the practice of prescribing nostrums by physicians is decreasing, and that with persistent activity the sale and use of nostrums will be greatly curtailed. Little good

will be accomplished by a propaganda of abuse of personal vilification, but far more by presenting to physicians a reasonable and effective alternative, with a campaign of education, which will present facts alone, studiously avoiding sensational and exaggerated statements, intended to inflame public opinion and terrorize the masses. The old idea of mystery in the preparation of medicines, the writer observes, lies at the foundation of the nostrum traffic, and that science is ever the foe of mystery and secrecy. That secrecy is not essential in securing commercial success has been shown by the splendid example of Dr. Edward R. Squibb, who willingly published his processes and threw open his laboratory doors to the inspection of the medical and pharmaceutical professions at a time when his

competitors closely guarded their secrets, and yet he died a rich man, not only in worldly effects, but in the satisfaction that his labors had benefited a multitude. His example is now being followed by the best manufacturing pharmacists, and the best and largest concerns are giving freely to the committee of revision of the U. S. Pharmacopeia information heretofore withheld. This spirit can be encouraged by physicians "by never prescribing a remedy the composition of which is not known to them."

The cure for nostrum prescribing is said to be: 1. Education; 2, application and close study of the therapeutic effects of the preparations of the U. S. Pharmacopeia and National Formulary and such unofficial agents of known composition as are now available.

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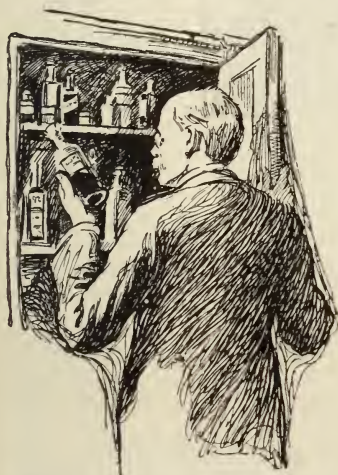
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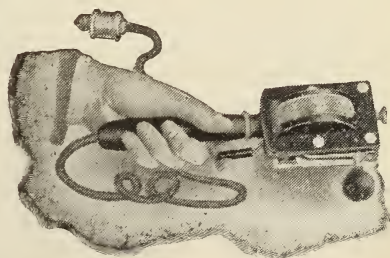
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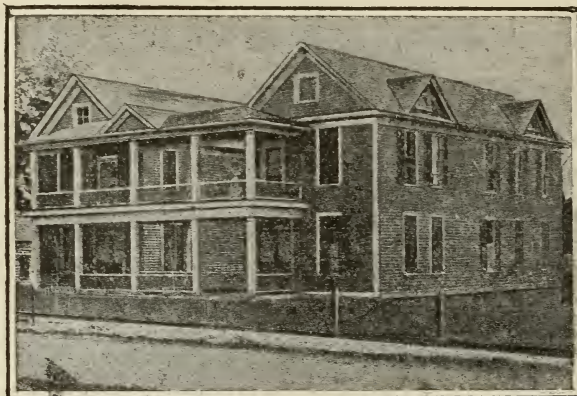
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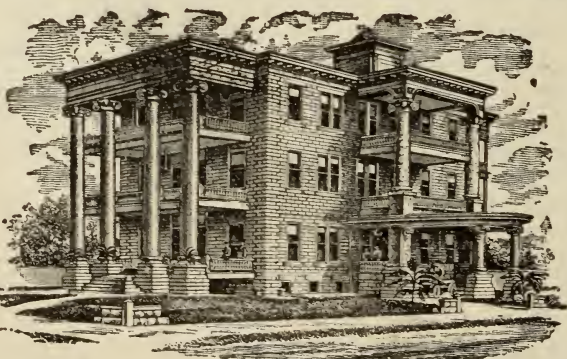
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To win success a physician must beware of getting into ruts and becoming "old-fashioned", of closing his mind against new truths. The world moves and Medicine with it! When a man ceases to progress, he commences to retrograde. Don't be a back number. **Investigate! Prove for yourself.**

Go slow in taking sides in controversies. Get the evidence on both sides and then prove things out for yourself. Assume always the position of judge and never that of advocate. **Be an investigator for yourself.**

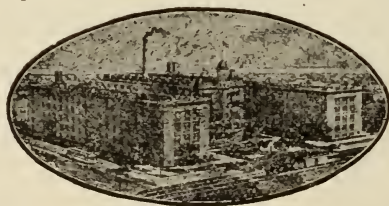
Go slow in accepting negative arguments. They are not worth much, and are always worthless until subject to the crucial test of practical application. Go slow and sure but do not stand still.

Be always receptive to new ideas, but never prejudiced. Look for self-interest everywhere, and discount every man's argument by the violence of his assertion. Financial interests have long arms and do not like to have their methods disturbed or their profits reduced.

Get busy with your own mental furniture. Don't fail to give it a frequent overhauling. **Investigate!** Throw out the rubbish and fill your mind with the ideas and methods that are likely to be of the most practical benefit to you and your growing circle of patients.

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South Carolina Medical Association

Next Annual Meeting at Summerville, S. C., April 14, 1909.

House of Delegates Convenes April 13, at 2 p. m.

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District No. 2: Orangeburg, Bamberg, Barnwell, Lexington and Aiken. Councilor, T. G. Croft, M. D., Aiken, S. C.

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District No. 4: Anderson, Oconee, Pickens, Greenville, Spartanburg and Union. Councilor, H. R. Black, M. D., Spartanburg, S. C.

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TABLE OF COUNTY SOCIETIES AND OFFICERS.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society.	President.	Secretary	Time of Meeting.
Abbeville.....	J. W. Wideman.....	C. C. Gambrell, Abbeville...	
Anderson.....	W. H. Nardin, Jr....	J. R. Young, Anderson.....	Semi-Mo., 1st and 3rd Mon
Aiken.....	A. Holsonback.....	Harry H. Wyman, Aiken ..	Monthly, 1st Monday.
Bamberg.....		J. J. Cleckley, Bamberg....	
Barnwell.....	A. B. Patterson	L. F. Bonner, Blackville...	
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal....	
Charleston...	John L. Dawson....	A. J. Jervy, Charleston...	Semi-Mo., 1st and 15th.
Cherokee.....		B. L. Allen, Gaffney.....	
Chester.....	W. DeK. Wylie ...	W. B. Cox, Chester	Monthly, 1st Monday.
Clarendon...	A. S. Todd.....	C. B. Geiger, Manning.....	Quarterly.
Chesterfield...	T. E. Lucas.....	J. W. McCannless, Chesterfiel	
Colleton.....	W. A. Kirby.....	L. M. Stokes, Walterboro...	Monthly.
Darlington...	J. F. Watson.....	J. C. Lawson, Darlington...	
Dorchester...	J. P. Mellard.....	E. W. Simons, Summerville	Monthly, 1st Monday
Edgefield....		J. G. Edwards, Edgefield...	
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro.	Quarterly.
Florence.....	A. G. Eaddy.....	W. E. Mills, Timmonsville...	
Georgetown...	Olin Sawyer	W. M. Gaillard, Georgetown	Monthly, 1st Friday.
Greenville....	J. W. Jervy.....	W. M. Burnett, Greenville..	Monthly, 1st Monday.
Greenwood...	W. P. Barratt	J. B. Hughey, Greenwood..	Monthly, 1st.
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	
Horry.....	H. H. Burroughs...	J. A. Norton, Conway.....	Monthly, 2d Monday.
Kershaw.....	W. J. Dunn	A. W. Burnet, Camden.....	
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	Bi-Monthly, last Monday.
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.	Monthly, 1st Tuesday.
Lexington....	J. W. Geiger.....	J. J. Wingard, Lexington...	Quarterly.
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork....	
Marlboro....	J. H. Reese.....	J. C. Moore, McColl.....	
Newberry....	P. G. Ellisor.....	W. E. Pelham, Jr., Newberry	
Oconee.....	D. L. Smith.....	H. E. Rosser, Westminster ..	
Orangeburg...	W. L. Pou.....	L. C. Shecut, Orangeburg...	Monthly, 3rd Tuesday.
Pickens.....	D. B. Gilliland.....	H. E. Russell, Easley.....	Monthly, 2nd Wednesday.
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia...	Every 2nd Monday night.
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	
Spartanburg...	J. L. Jefferies.....	W. G. Sexton, Spartanburg...	Monthly, last Friday.
Sumter.....	H. M. Stuckey	F. K. Holman, Sumter.....	Monthly, 1st Thursday.
Union.....	S. G. Sarratt.....	T. Maddox, Union.....	
Williamsburg.	W. S. Lynch.....	J. B. DuRant, Lake City ...	Monthly.
York.....	J. H. Saye.....	E. W. Pressley, Clover.....	Bi-Monthly.

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As an immediate incentive for the increase of energy and activity on the part of the Secretaries of the various County Medical Societies in this State, THE JOURNAL is arranging for a series of prizes to be given away at the end of the fiscal year—December, 1908.

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There are perhaps 300 eligible doctors in South Carolina who are not yet members of their County Societies. Every single one of them should be SYSTEMATICALLY and REPEATEDLY solicited by the Secretary of the Society in the county in which he lives. NOT ONE OUT OF TWENTY of them will refuse to join if properly approached and kept reminded of the advantages of the organization.

HERE ARE THE FOUR PRIZE OFFERS.

1. One collection of these valuable books will be given to the County Medical Society Secretaries in this State who can report, for the fiscal year 1908 (that is from January 1, to December 31, 1908) the largest percentage of increase in his County Society membership.

2. Another medical collection will be given to that Secretary who reports the largest actual net gain in membership for his County Society during the year.

3. A third collection of up-to-date medical works will be given to that Secretary who reports for the year the largest average attendance on regular meetings of the Society in proportion to the total membership of the Society.

4. Still another handsome collection of recent classical medical works will be given to that Secretary who, during the year, outlines the best plan for increasing and maintaining the interest and membership of the County Medical Society. This plan must be gotten up in typewritten form and may be submitted to the Editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal and shall be confined, if possible, to not more than five hundred words.

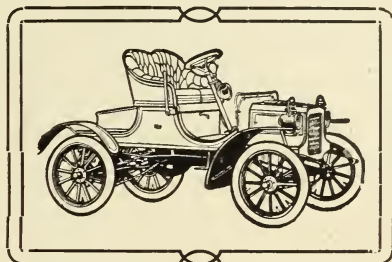
The awarding of these prizes will be in the hands of the Board of Councilors of the Association, and the Editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

Through the courtesy of the publishers, Messrs. J. B. Lippincott Company, of Philadelphia, we have already in hand for part of the above prizes, PIERSON'S ANATOMY, and INTERNATIONAL CLINICS, Series XVII. Volumes I to IV. Another prize will be a full set of Modern Clinical Medicine, published by D. Appleton & Co.

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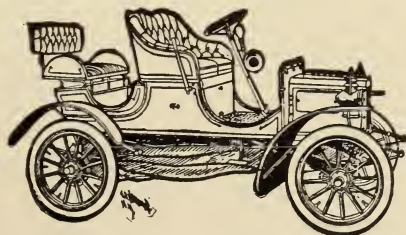
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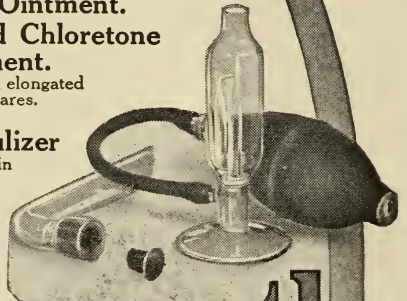
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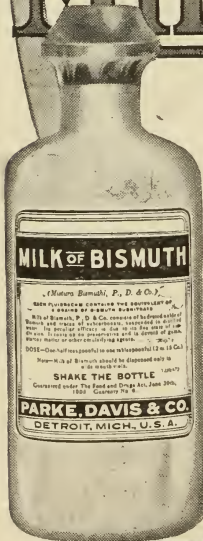
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The Journal OF THE South Carolina Medical Association

Volume IV.

Greenville, S. C., August, 1908

Number 8

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The Journal of the South Carolina Medical Association

Published Every Month Under the Direction of the Board of Councilors

Office of Publication, Bank of Commerce Building, Greenville, S. C.

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VOL. IV.

J. W. JERVEY, M. D., EDITOR

No. 8

AUGUST, 1908

ANNUAL SUBSCRIPTION, \$2.00

The **Journal** is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession, to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the editor by the 5th of each month.

Proofs of all Original Articles appearing in the Journal are revised and corrected by their authors. The Journal is in no sense responsible for expressions in Original Articles.

Business communications relating to subscriptions and advertising should be addressed to
Business Manager, Greenville, S. C.

Editorial

AMERICAN AND EUROPEAN MEDICINE AND SURGERY.

With many thanks to the Board of Councilors, who graciously consented to the vacation of this chair for a few months, we return to our duties at home. Many interesting things have been seen in our visits to the hospitals and clinics of London, Paris, Vienna, Zurich, and other places. Comparisons may be odious oftentimes, but there can be no harm in saying for the encouragement and gratification of the many of us who may never be able to make personal observations abroad, that with the exception of the departments of pathology, histology, and bacteriology, the art and science of medicine and surgery are more advanced and can be better learned by the American student, undergraduate or postgraduate, in these good United States.

Naturally, as most of our readers are probably aware, we had a more personal interest in the ophthalmological and laryngological departments of the

science. Of these we made at least a fairly minute inspection, and considered in the light of a somewhat cursory examination into general conditions, we conclude that these two departments are reasonably typical of the whole field. There are brilliant men in Europe, known and unknown. There are brilliant men in America, known and unknown. There are some handsome hospitals in Europe. There are many handsomer in America. There are some poor hospitals in America. There are poorer in Europe.

The immense—almost inconceivable to one who has not seen it—amount of clinical material, especially in London and Vienna, combined with the very evident enthusiasm for diagnosis on the part of the European profession, and the invariable meek submission of the patient to every whim or fancy of the examiner or teacher, followed—alas, we fear, too often,—by deadhouse confirmation or refutation, makes these clinics fine browsing grounds for the stu-

dent of diagnosis. But the idea that the sick man wants to get well receives scant consideration. Therapeutics seems to be scorned as unworthy of serious thought, and the little that is applied is often of antediluvian origin, and long-since questioned efficacy, or else is out-and-out constitutionally rotten. And this seems true all over Europe.

In the matter of surgery, general and special, it is clearly to be conceded that some very deft and deliberate work is done abroad. On the other hand, even in some of the most famous clinics of the world, and by well-known operators, some work is done, and some results achieved, which are so fundamentally unscientific and outrageously careless that they would not be tolerated by the profession—or the people either, for that matter—in this country for a moment.

For instance, on one morning in one of the finest eye hospitals across the water, and under the knife of a surgeon of international reputation, we saw five consecutive cataract operations performed. One eye was immediately and hopelessly lost; two were ragged and imperfect operations with little ultimate hope of more than barely useful vision; while two were apparently successful. Is there an American ophthalmologist who would not blush for such a record? We hasten to say that this is not typical of all the cataract work we have seen done across the water—by no means, happily—but it was an incident that could not fail to be painfully striking. In another, and perhaps the most famous eye clinic in the world, its chief, a professor of ophthalmology and author of worldwide reputation, after losing about thirty minims of vitreous

during a cataract operation, observed with the greatest equanimity that it made no difference, and the patient was made to arise and walk from the operating room to the ward!

In what is perhaps but a slightly less famous nose and throat clinic, a well-known surgeon operated tediously for laryngeal stenosis on a young man who was made to sit bolt upright in a chair while blood, saliva, and many chances of infection streamed down his trachea. Yet we know that septic pneumonitis is not unknown on the continent. And again, out of five operations for mastoid or antrum disease, in an ear clinic of world-famous reputation, two proved utterly negative and admittedly need not have been performed.

And all of this we are saying is heresy we suppose, and perhaps our apparent iconoclasm will be severely criticised and may be even ridiculed. Let it be. We see no right, no reason, and no patriotism in sheepishly bowing our heads to the proclaimed superiority of European medicine and surgery simply because in years long past this superiority doubtless existed. Taken all in all, it is our deliberate judgment that America excels; and even in special lines, as we have indicated above, there are but few fields in which Europe still surpasses us. We do not wish to be understood as endeavoring to dissuade from going abroad anyone who is so fortunate as to find the opportunity to do so. On the contrary, it is, in a variety of ways, a revelation to the sincere student which cannot fail to be impressive and inspiring, and is therefore most desirable. But we do insist that if study must be pursued either here or abroad, and not on both sides, then in

the light of today's American advancement it were far better, both for the profession and the people, that it be pursued on cis-Atlantic shores.

THE SOUTHERN PRESIDENT-ELECT OF THE A. M. A.

At the recent meeting of the American Medical Association, in Chicago, in June, Colonel Dr. William C. Gorgas was chosen as president-elect of the association. His achievements in freeing the island of Cuba from the deadly clutches of yellow fever, and his equally well-known work of making healthy and habitable the hotbeds of disease in the Panama district, thus making possible the completion of the canal, are matters which are the common knowledge and admiration of the civilized world. Colonel Gorgas was bred and trained a Southerner, his mother having been a daughter of the ante-bellum Governor Gayle, of Alabama, and his father a general of ordnance in the Confederate Army. He was educated at the University of the South, at Sewanee, Tennessee, where he graduated in 1875, and pursued his medical studies at Bellevue Medical College, from which he graduated in 1879. He entered the medical corps of the United States Army in 1880 as first lieutenant, and was successively captain and major and finally was promoted to a colonelcy by special act of Congress, in 1903, in recognition of his great work of stamping out yellow fever in Havana. In the same year the University of Pennsylvania conferred on him the honorary degree of doctor of science. As a member and officer of the Panama Canal Commission his headquarters for the past few years have been in Ancon, Panama. For many years past none but a surgeon has been given the highest honor in the gift of the A.

M. A.—its presidency. It is a matter of congratulation, not alone that this unfortunate precedent should have been broken, but that it should have been brought to an end by the election of one who by his works has proven himself a master of men as well as of that greatest field of human endeavor, the science of preventive medicine. Only last year we remarked in these columns that although the South could boast of sons of marked and eminent ability in the profession, yet little recognition had been given them in the councils of the A. M. A. In the election of Colonel Gorgas to the presidency the association has not only honored itself, the medical corps of the United States Army, and Colonel Gorgas himself, but it has honored the South as well; and we are glad.

MEDICAL COLLEGE CHANGES.

There have been some important changes in the past few weeks in the faculty of the Medical College of the State of South Carolina. Dr. Allard Memminger, who was elected dean of the faculty last spring following Dr. Edward F. Parker's resignation, has found that the pressure of his private interests would necessarily seriously interfere with the thorough administration of the duties of Dean. He is not a man given to doing things by halves and quickly came to the conclusion that he must reconsider his acceptance of the office, and forthwith sent in his resignation. Acting upon Dr. Memminger's suggestion the board of trustees of the college decided that the next dean must have assistance in the carrying out of the large amount of detail work necessary in the college administration. This being decided upon, after a careful and deliberate survey of the field, Dr. Robert Wilson, Jr., of Charleston, was chosen.

en to fill the office of dean and Dr. Lane Mullally was elected to the newly created office of vice-dean and registrar.

Dr. Wilson is well-known to the profession of the state, and has given evidence of his executive ability as president of the South Carolina Medical Association during the term of 1904--5. He was in effect the founder of the Journal of the South Carolina Medical Association and served as editor of this Journal during the first year of its existence, 1905--6. For several years he has occupied with distinguished ability the chair of the practice of medicine and nervous diseases in the medical college, which chair he will continue to hold, of course, in connection with the deanship. He is a man of deep learning and extensive research, of essentially logical habits of thought, combining with these attributes the ideal sympathy which must ever exist between the true teacher and the sincere student. His administration is certain to be a successful one.

The new vice-dean and registrar, Dr. Mullally, of Charleston, is not so well-known to the profession of the state, but his personal attractiveness and popularity will contribute in no little measure to the successful execution of the exacting duties of his office, which will necessarily throw him into close contact with students and professors. He has served the college for several years, first as assistant demonstrator, then demonstrator, of anatomy; next, as lecturer on diseases of children and assistant to the chair of obstetrics, for the past two or three years having occupied the chair of obstetrics.

Another change in the faculty has been brought about by the enforced re-

tirement from the chair of general surgery of Dr. J. Somers Buist, whose ill health, to the sincere regret of thousands of friends and former pupils has compelled his resignation. The college can count itself extremely fortunate, however, in having secured to fill this vacancy the services of Dr. Chas. M. Rees, who will begin his new duties at the commencement of the approaching session. Dr. Rees's skill and ability as a surgeon are amply attested by the high personal and professional regard in which he is held throughout the state, and even beyond its borders. He has for several years been one of the most prominent members of the South Carolina Medical Association and is one of the well-known members of the Southern Surgical and Gynecological Association. For the past two years he has occupied the chair of gynecology in the Roper Hospital Polyclinic Medical School, and his good work is well-known to the profession. The college is to be congratulated upon the addition of his name to the faculty.

The medical college has recently accomplished a great deal in the way of increasing and improving its teaching facilities. During the past two years the new Roper Hospital has been completed and is one of the handsomest and largest hospitals in the South with a great and never failing wealth of clinical material. The buildings have been so constructed as to afford the best opportunities for teaching all of the practical branches of medicine and surgery. With praiseworthy enterprise and a constant desire for progress and increasing development, the management of the college decided, during the past session, to enlarge the laboratory accommodations. The chemical and microscop-

pical departments have been doubled in size and the necessary apparatus has been procured for their equipment, and everything will be in readiness for immediate use upon the opening of the session in October next.

It affords the Journal pleasure to record the continued increase in the attendance at the college, and we are informed that the present outlook indicates an attendance during the next session of two hundred and fifty or more students. We cannot resist pointing to the fact that three years ago the attendance at the college was considerably less than one hundred. A little more than two years ago the college contracted for a page of advertising in this Journal. The attendance now, as mentioned above, is just about three times as great as before this systematic advertising was commenced. Hereby hangeth a lesson.

MR. MCGHEE RESIGNS AS BUSINESS MANAGER.

Owing to the increasing volume of other business interests, Mr. J. R. McGhee, who has been associated with us for a little over a year, has found it necessary to resign his office as business manager of this Journal, and his connection ceases with the present issue. During his term of office our advertising business has materially increased, in spite of depressed conditions in the business world; a complete system of double entry book-keeping has been inaugurated; and a systematic mailing list scheme has been adopted which gives us a list more nearly correct than it has been since the Journal was born. For these things, as well as for many courtesies extended by him, we take this opportunity of thanking Mr. McGhee, and

of expressing our regret that necessity has compelled his resignation. We wish him heartily well.

For the present, and until other arrangements can be made, the business of the Journal will be conducted from the editorial office. Address, Journal South Carolina Medical Association, Greenville, S. C.

Editorial Notes

Two new state organization medical journals have appeared in the past two months. The Oklahoma Medical Association and the Tennessee State Medical Association have given up the old form of annual transactions and are now in the procession of monthly publications. This makes, we believe, eighteen state organization journals published monthly in this country, and other state organizations are considering the same step which has proven of such inestimable value to the organized profession of every state that has so far adopted the plan. We welcome the new arrivals most heartily.

The old Dominion Journal of Medicine and Surgery announces a change in its management and editorial control, with a large staff of well-known professional men as collaborators. The new management states that it has acquired this publication with the earnest intention of placing it on a plane with the representative medical monthlies of this country.

A most important opening was made at the Chicago session for a new cog in the magnificent organization our profession is forming. This was a banquet at which was finally launched the Association of State Editors and Secretaries. While at this preliminary meeting

there was a serious undertone to the whole affair which is an earnest of what can be accomplished hereafter. Comparisons of methods, details of successes accomplished in one state can hardly fail to be of benefit to others. Dr. Walter Cheyne, of South Carolina, secretary of his State Association, and one of the most distinguished and accomplished of Southern physicians was elected president, and Kentucky was again honored by having the business manager of the Journal, Dr. South, elected secretary. —Kentucky Medical Journal.

The president of the Greenville County Medical Society sent the following communication to every member of the county society previous to the primary election. It would be well to have every doctor in the state thus reminded before the second primary:

“ Dear Doctor:

The Medical Profession expects every member to do his civic duty. Will you not consider it your duty, before supporting any candidate for the legislature, to inquire personally as to his attitude toward any legislation that may be offered or endorsed by the State Medical Association looking to the protection of the public health?”

Free antitoxin has been dispensed during the last year by the State of Pennsylvania for the treatment of children ill of or threatened with diphtheria the attending physician being furnished with the antitoxin upon his certificate that the person for whose treatment it is secured is unable to pay for it. Records of the State's Department of Health justify the expense which has thus been incurred. Only 371 cases were lost during 1907 out of a total of 4,693 cases treated with the serum furnished by the State, whereas, before the use of antitoxin about 40 out of every 100 cases of diphtheria resulted fatally. The advance of the vast army engaged in waging warfare against disease oftentimes appears to be discouragingly slow, but an advance is being made, neverthe-

less, and, even if slow, it is sure and steady.

Georgia, North Carolina, and some other states are now furnishing free antitoxin also: Is it not time for South Carolina to institute a measure of such great economic importance?

The editor of the Journal of the South Carolina Medical Association has resigned from the American Medical Editors' Association and a recent number of his publication sets forth some correspondence explaining the whyfor. You, see the editor in question is a very active gentleman and his state organization is behind him, as it should be. He has repeatedly come out with arguments to the effect that the members of the society, other things being equal, should patronize those firms that advertise in their journal, and has urged the members, whenever a detail man comes into their office, to ask him whether his firm advertises with their journal, and if not why. That is simple and reasonable. (Incidentally, in passing, let us urge upon the members of our own California Society to do the same thing—and stick to it.) But this did not meet with the full and cordial approval of the last-year president of the Medical Editors' (?) Association, who is a nice, fussily maternal old gentleman, and he chid-ed-ed-ed the South Carolina editor. And just then and there he probably got the surprise of a lifetime, for he was promptly, though withal politely, told to mind his own business and South Carolina would attend to the things which belonged to its business; and further, that, in the opinion of the South Carolina editor, a very large number of so-called medical journals represented in the Medical Editors' (?) Association were “no better than they should be” and that it would be an undisguised blessing when they ceased to exist for revenue only and for predatory spoliation. But, good Mr. South Carolina Editor, what could you expect? The “independent” (of morals and self respect) medical (?) journals of this enlightened land do not like state organization jour-

nals; they do not like to see the truth even whispered about; they do not at all like to see an organized medical profession coming into its own and demanding recognition. There is a peculiar and penetratingly unpleasant odor which arises from the American Medical Editors' (?) Association and, as you have discovered, it is irritating to the nostrils of an honest man. Too bad; another illusion gone!—California State Journal of Med.

No, dear Mr. California Editor, not "another illusion gone", but a "hope deferred", and it "maketh the heart sick." But a good bunch of funerals of second rate, measly commercial medical (?) journals would help to clarify the atmosphere; n'est-ce pas?

We wonder if there could possibly have been, in the last few months, a slight change of heart on the part of some of our members in regard to the propriety or expediency of the medical profession taking cognizance of anything directly pertaining to political affairs? We are moved to this wonderment by the pleasurable feeling of gratification which has assailed us upon noting that the profession of Charleston County, in convention assembled, recently unanimously endorsed and urged upon the voters of South Carolina the election of a certain candidate for senatorial honors. This is as it should be, and a similar participation on the part of all medical men in the state would always insure the election of fit and proper men to the offices in the gift of the people. The fundamental function in all government is the care and protection of the people, and the first essential to this desideratum is the physical care of the individual and the community. This is the function of the true physician, and all over the world he is at last beginning

to realize his duty to the public. We are progressing.

Original Articles

REPORT OF A CASE OF TORSION OF THE OMENTUM*

BY T. P. WHALEY, M. D.,
Charleston, S. C.

The rarity of the condition that I am about to report is my sole excuse for this paper. Torsion of the omentum is of rare occurrence, and it is said usually to occur in connection with hernia, in the course of which the omentum has been matted together, while its attachment to the intestine has been stretched out to a slender pedicle. My case had no such history, the patient having no hernia whatever. With a disease of this rarity literature upon the subject is necessarily scant.

According to Park, torsion of the great omentum was first described by Oberst, in 1882, as a condition found in the sac of a large irreducible hernia. He says that as a distinct and serious condition it has been reported in about sixty instances, and that the condition can occur within the abdomen as a simple torsion, also within hernial sacs, or in both, where the torsion is not limited to the sac, but extends upward into the abdomen. He states that it is more frequent in males, and that its onset is usually sudden; that of all its symptoms pain is the most constant and the earliest; that this is usually acute and persistent, and in a large proportion of cases is referred to the right iliac fossa; that vomiting is not constant; and that

*Read at the annual meeting of the S. C. Medical Association, at Anderson, April 15-17, 1908.

bowel conditions are not significant; that absolute obstruction is usually rarely noted; that in most of the recorded cases some tumor can be felt on examination, which is hard, tender, dull to light percussion, and irregular in shape, meteorism not being common; that death has occurred in about 15 per cent of known cases; that diagnosis previous to exploration can be inferential only; but that such symptoms as above noted should lead to an exploratory laparotomy.

Case No. 98, 1907, patient male adult, age 28, physical condition excellent. Was first consulted by patient October 7th., and the following history was furnished:

He was seized with pain in the right side, October 3rd, while on an automobile ride. Pain was soon followed by nausea and vomiting; thought it was indigestion and took cathartics; no relief. On the following day pain had increased; nausea and vomiting at intervals; was compelled to remain quiet more or less. Applied hot water bag, gave some relief. First day, according to the patient, pain was directly over McBurney's point, but afterwards was more or less diffused over the lower abdomen. Examination: temperature 100 1-2 F; pulse 107; some pain on pressure over whole abdomen, pain and tenderness over McBurney's point; pain radiated towards the navel, but greatest at McBurney's point; still suffering from nausea and vomiting at intervals. Dull percussion note, over the the region of McBurney's point on light percussion; muscular rigidity in the right iliac region marked, an immediate diagnosis of appendicitis with probable abscess formation was made. Operation was performed at 3.30 P. M. The parietal peritoneum was found to be very much thickened and inflamed over a wide

area. On opening the peritoneum an apparently gangrenous mass presented; it appeared to be gangrenous appendicitis. Gauze was carefully tucked around the mass as it was lifted with great care. The mass was finally delivered and found to be omentum, apparently gangrenous. As soon as the delivery was completed restitution, or turning to the right, immediately took place; the diseased and twisted omentum distinctly turning upon its pedicle. After this the color improved somewhat, but was still a dark green. The incision was slightly enlarged and all the diseased mass ligated and removed. The appendix was then sought and was found to be rather short and small, but scarcely, if at all, inflamed; probably from proximity to the diseased omentum. There was a slight peritonitis in the region occupied by the inflamed omentum. The patient made an uninterrupted recovery.

The great omentum hangs downward from the greater curvature of the stomach like an apron, anterior to the transverse colon, and in front of the small intestines for a variable distance. The lower edge of this apron terminates in a fringe-like border consisting of a variable number of fimbriations of different lengths. It was evidently an unusually long one of these that produced the symptoms in this case. As to the etiology of this condition I must say I am quite at a loss to understand how, under the ordinary conditions of life such a well protected organ could become twisted upon itself, presenting as it does a flattened surface antero-posteriorly, and being supported by the gaseous intestines behind and the firm, muscular, abdominal wall in front. It is possible for the coecum to have been so distended with gas or feces or both

to have lifted the outer edge of this omental flap sufficiently forward for a slight jar, or perhaps a sudden muscular movement to have completed the turn, which, to the best of my recollection, occurred towards the median line. Or it is conceivable that the patient may have assumed such a position as would admit of such a complete laxity of the anterior abdominal wall that the fringe-like extremity was suspended sufficiently vertically as to have resulted in a twist when the muscles suddenly contracted again. But all these hypotheses are difficult to conceive when we consider the broad pedicle by which these fimbriae are suspended.

About the only other condition that could account for that degree of inflammation of the omentum would probably be a thrombus, but when we consider the large area involved and the excellent blood supply of the omentum, I can scarcely conceive of such a condition resulting from thrombus in this region. It was not a simple case of perityphlitis, because in that case we would have expected only the under surface of the omentum, that portion of it contiguous to the appendix, to have been inflamed, whereas in this case there was a large gangrenous mass with a distinctly twisted pedicle in which restitution took place, as soon as its movements ceased to be limited by the surrounding organs.

Again the appendix was scarcely at all inflamed, in fact I feel assured that the appendix could easily have been left in situ, possibly without any detriment to the patient at this time. I removed the appendix as is my usual custom whenever I open an abdomen for any other work whatever, unless contra-indications exist. It can be readily seen from the symptoms outlined in the beginning of this article, that the disease can not be

separated from appendicitis, especially where the trouble occurs directly under McBurney's point, the classical site of that disease. The only case-report that I find covering this subject was also mistaken for appendicitis. In either case the indications are the same, for I feel assured that the operation performed upon this individual was a life saver in every sense of the word.

Should any one in this audience know of a similar case, either from his own experience, or in the experience of others of his acquaintance, or having knowledge of where the report on a similar case can be found the author will feel greatly indebted to him for his information.

Discussion.

Dr J. M. T. Finney, of Baltimore: I thank you for the privileges of the floor, which I avail myself of. I am sorry to say that I have had no personal experience at all in this matter. The case reported by Dr. Whaley is of extreme interest. It is a well-known fact that torsion of almost all of the abdominal viscera takes place. Instances have been reported, I believe, of torsion of almost every organ in the abdomen. Personally, I have had the opportunity to see torsion of the stomach, torsion of the kidney, torsion of the bowel—of course, more or less common. I do not recall at this moment any other instance—certainly I have had none such reported by Dr. Whaley. Torsion of the testicle, of course, is well known. Torsion of the ovary, and also of the uterus and its appendages, are also recorded, so that the fact of torsion of the abdominal viscera is very well recognized. Just how it takes place is a point that one can indulge a good deal of fancy and a good deal of conjecture about. In but two instances, I believe, have there been really definite and satisfactory explanations of this torsion. I have seen torsion of the omentum in hernial sacs. One sees that not infrequently. Of course, that is a different matter from the case reported by Dr. Whaley. I am very much interested indeed in this matter, and the question of the differentiation of this condition from

appendicitis, which I shall have more to say about this afternoon, perhaps. I have not in my list of mistakes torsion of the omentum. I think I have pretty well everything else, and I thank Dr. Whaley for one more possibility of error that one has to bear in mind.

THE PROPOSED WORK OF THE S. C. ANTI-TUBERCULOSIS LEAGUE*

BY A. B. PATTERSON, M. D.,
Barnwell, S. C.

The South Carolina Anti-Tuberculosis League is a chartered society, organized for the prevention and elimination of tuberculosis, a subject in which the people of America are evincing a keen interest. Naturally they should, as it is an infectious disease, destroying more lives than the combined contagious diseases. The statistics show that one in every seven deaths is caused from it.

Society in general is educated along the line of self protection, in the majority of contagious diseases, and when co-operating with the health authorities, these diseases are readily stamped out. Not so with tuberculosis. Heretofore no effort has been made in our state to inform the masses of the nature of consumption, or the methods, when adopted, that will protect individuals and communities from the infection. The quarantine laws, when enforced, have been successful in saving the lives of thousands annually in various contagious outbreaks, but have never been applied in this, the most deadly of all diseases. The work of the league will be along the line of kindling a more active interest among the medical profession; not only in the prevention of the spread of tub-

erculosis, but in its early recognition and treatment, for it is held by some of the world's greatest clinicians that when taken in its incipency about 70 per cent. are cured.

The fact that the early symptoms of tuberculosis are common to so many diseases, suggests great vigilance on the part of the doctor. The fact that the public regards consumption as an incurable disease behooves the physician to enlighten the masses, as to what modern treatment is accomplishing.

It is not amiss here to state that the physical diagnosis of the diseases of the chest is difficult, intricate and delicate, and requires a considerable amount of time and special training. Our work will not be confined to the medical profession, but we desire to interest and make active workers of every man and woman in the state. We realize that time is necessary to accomplish this great undertaking, and we wish to see the name of every doctor in the state enrolled as a member of the league. The work will be greatly facilitated by the medical societies, and boards of health and local boards joining in the work. We, therefore, urge upon the state board of health the importance of reorganizing local boards of health in townships as well as in the smaller towns, in accordance with the statute. (Section 959).

Mrs. Herbert Whorton Beale, of Sumter, state chairman of health department of Federation of Women's Clubs of South Carolina, has pledged the co-operation of five thousand club women of the state. She writes that they hold themselves ready to move forward on lines suggested by the league. Mrs. Beale is now organizing in each county health departments of the federated women's clubs, whose business it will be to place in every home literature on the

*Read at the annual meeting of the S. C. Medical Association, at Anderson, April 15-17, 1908.

subject of tuberculosis. She is also sending out a circular letter to every minister in the state, bearing on the subject. Now that we have been guaranteed the assistance of these noble women, we feel more confident of our success. These club women have offered to co-operate with us in the erection of a sanitarium.

Sanitariums are essential, made so by the fact that tuberculosis patients are excluded from general hospitals and hotels. This compels a certain class of patients to remain at home, and thus become a menace to their families and the community. It is not uncommon to see families exterminated in this way. The national government stands ready to aid the states in protecting the people from the importation of infectious diseases. So zealous is the government for the health of the people that it has gone a great way in usurping the functions of the state boards of health in the seaport towns when our coast is threatened. The government has strangely overlooked the fact that in our midst is a disease far more insidious, slowly, but surely, sapping the vitality of the men and women, and being born and bred into the blood of their children.

When we have educated the people and awakened their interests as to the truths of tuberculosis, and when we have secured the co-operation of the politicians and law-makers they will join hands with us, and soon we will have on our statute books laws looking to the stamping out of this formidable disease. After all, with all enactments in this as well as in other laws, it is essential that the minds of the masses be tutored as to their importance, and the benefit each will derive from strict obedience to rules and regulations. The people must, to become interested, be made intelligent. The minds of the tax-

payers must be prepared for that which is to come, or there will be dissatisfaction and rebellion. Quarantine laws have always been strenuously opposed, and in many cases to put them in operation required military aid.

When the state enacts laws, and appropriates funds for the erection of sanitariums, and the establishment of quarantine stations in which to isolate and treat tuberculosis, the public mind must be prepared for such radical methods, for it becomes a serious matter to friends and relatives when the state enforces isolation. On our statute books are laws protecting the public from infectious diseases. Why should we not look to the legislature for laws and appropriations protecting us from tuberculosis, since statistics show that one in every twenty-five persons suffer from its effects? Now that the state board of health is ready to take action in arresting the spread of tuberculosis, the South Carolina Anti-Tuberculosis League, appreciating the extensive and arduous duties imposed by the statutes upon the board, desires to relieve it, to some degree, of the mammoth and arduous task of arresting the spread of tuberculosis.

This line of work is a specialty, inasmuch as the field is new, and to some extent undeveloped, and the obstacles are complex and serious. The success of this undertaking depends upon the interest taken and energy expended. Our lack of experience and precedent in this formidable undertaking, to say the least of it, is perplexing. We are called upon to deal with a disease not modern—and well known to the masses; but their prejudices have well-nigh prevented their accepting the modern idea of infection, and methods of prevention. In our efforts to gain the co-operation of the masses we cannot lose sight of the

fact that the work to be effective must be done by the individual. The infected must be educated on the line of duty they owe to themselves, and to those exposed to the infection.

The task of undertaking to convince a patient that he is a menace not only to himself, but to the public, is by no means a pleasant duty. Equally unpleasant is the effort to impress upon the people the danger they are constantly exposed to in their association with tuberculosis. If you have ever undertaken to enlighten the members of a family upon the contagion, and the medium of conveyance, and the rules to be followed in preventing infection, you will agree with me that it is not only a thankless but almost a hopeless undertaking. This movement is along the line of reform, and like all such movements, conditions must be thoroughly understood and appreciated to be successfully met and counteracted.

I recognize that the first step in this great work is in the direction of educating the masses in the three cardinal points; First, consumption is an infectious disease; second, the several methods by which the germ is transmitted; third, the rules when observed give protection. I suggest that these be made the basis of all public lectures. I will now give you a lecture I delivered before the Barnwell Graded School, and this has been sent to all the teachers in the county to be read to their classes.

Consumption or tuberculosis is an infectious disease—that is, it is catching, like measles or whooping cough. It is a disease caused by the development in the tissues of a germ called the tubercle bacillus. It finds its way into the body by inhaling dried sputum, that is, expectorated matter that becomes dry and floats in the air. These germs float around on particles of dust and are drawn into the lungs, where they propagate or multiply in great num-

bers. When these germs are exposed to air and sunlight they die in from three to six hours, but when deposited in shady places, as in the corners of rooms and in the cracks of the floor, and crevices of the hearth, they will retain their life for months. They can also be conveyed by kissing, and by drinking vessels. During the act of coughing particles of sputum can be discharged into the faces, and upon the clothes of others, and thus convey the disease. The germ is also thought to be conveyed by flies, gnats and mosquitoes. Milk will also convey the tubercle bacilli from cows infected with tuberculosis to man. A consumptive who carries out the following rules need not be a source of danger to those around him. It has been said, "no spit, no consumption." Expectorated matter should be deposited into cuspidores or cups with covers to exclude flies and gnats, and should be destroyed by burning before it becomes dry. Chemicals or disinfectants should be used in the vessels and they should be boiled daily. When paper or cloth is used these articles should be burned at once, and not kept until the sputum dries.

Patients while coughing should protect their mouths with a handkerchief to prevent their sputa from passing into the air and falling on others. All cows' milk or beef should be tested for tuberculosis. When tuberculin is injected under the skin of a tuberculous cow a fever will be set up in a few hours and continue for a few days. There will be no fever if the animal is free from the disease. Consumption is the most formidable disease the doctor is called upon to treat, yet, when taken in hand in the early stages and properly treated a great many are cured, but if neglected in the early stages it is incurable. The statistics show that one out of every seven deaths is the result of tuberculosis. The South Carolina Anti-Tuberculosis League is a society of doctors and laymen organized for the purpose of arresting the spread of tuberculosis, and the society desires to have the teachers and pupils join the league and assist in the work of stamping out the "great white plague." Last winter I introduced a joint resolution in the House, asking for an appropriation of one thousand dollars to be used by the state board of health in carrying on the work of suppress-

ing tuberculosis. It passed the House without a dissenting vote. Owing to the congested condition of the calendar it failed to reach a final vote in the Senate, and will remain on the calendar of that body until next winter, when no opposition is anticipated. A thousand dollars judiciously applied would materially assist in enlightening the public as to the facts regarding tuberculosis. I predict that within two years the state will have sanitariums established for quarantining and treating tuberculosis. At the last session of the legislature an appropriation was made for stamping out the cattle tick. A commissioner has been appointed to carry on the work. The time is not far distant when the state will have a commissioner whose business will be to test and weed out all tuberculous cattle. The legislature has already given the state board of health authority to act upon "The Live Stock Industry of This State Against Infectious or Contagious Diseases. See Section 969." The health officer possibly can carry on the work of testing the cattle for tuberculosis through the local boards of health, the state board of health furnishing the tuberculin and paying a small sum to the local boards, as is their rule in vaccination.

The work of suppressing the spread of tuberculosis will make slow progress until this work is effectually and thoroughly carried out.

THE NERVOUS MANIFESTATIONS OF GASTRO-INTESTINAL INDIGESTION.*

BY J. C. SOSNOWSKI, M. D.,
Charleston, S. C.

The subject I wish to present for your consideration being so vast in its scope permits of only an elementary outlining of some of its features in so short a time as could be given here. The nervous manifestations of gastro-intestinal autointoxications, or of auto-toxemia, are

most varied and usually remote, to the casual observer, from the seat of the trouble; and many of us are prone to become forgetful of the possibilities of this subject. To such of you as keep them constantly in mind I offer my most humble apologies for absorbing uselessly so much of your time. To the rest I trust some good may accrue. Like men in any other profession we are prone to overlook the trite and commonplace in our work, and see only the bizarre, the unusual, the "*lusus naturae*" (so to speak) among our cases. We frequently find ourselves searching for some strange anomaly by which we can account for a train of symptoms we have observed, while the real cause is so evident that we give it but a passing thought or no thought at all. This is my excuse for offering a paper on so common a subject as the nervous manifestations of gastrointestinal indigestion.

In considering this subject, while time would not permit of an exhaustive discussion of the digestive function, of its disturbances, and of their ultimate effects, it is almost impossible to avoid delving among the facts at our disposal in order to arrive at some knowledge of the results caused by derangement of the function of digestion. A few salient points are worthy of note: First, as to digestion in a normal individual; and second, as to abnormalities in digestion.

In digestion in a normal individual we have a concurrence of numerous factors and functions all working in accord. Good teeth, active glands, good muscular tone, a good blood supply, with a steady heart, an absence of worry and hurry, and finally and paramount, an evenly balanced nervous system—these combined with proper food, in proper quantities at intervals, conduce to that desideratum—a perfect digestion, which in turn re-

*Read at the annual meeting of the S. C. Medical Association at Anderson, April 15-17, 1908.

acts to strengthen and support each and every one of the sets of organs concerned in keeping up our well-being. Let any one of these factors be deranged in any way, however, and soon occurs a disturbance of the balance which will ultimately result disastrously for the unfortunate individual in whom it occurs; though for some time there may exist a compensation for the loss by an increase in function of some other organ. As soon as this disturbance takes place we reach the point where the second division begins—the consideration of the abnormalities of digestion.

One of the commonest and most easily recognized results of such derangement is manifested in terms which even the laity readily recognize—the ordinary dyspepsia or indigestion. Here we have a variety of symptoms, a few physical and many nervous in nature, though the nervous symptoms are not so obscure and overwhelming as those due to intestinal autointoxication. This we may readily see is due to the fact that there is less absorption, and less putrefaction in the stomach than occurs in the intestines. Any one of you who has suffered for any length of time from indigestion will recall the hours he has spent, at night especially, battling against an intense nervous depression, an overwhelming feeling of impending disaster, a conviction that the world is out of joint, or that your individual world would soon be so. This is not due simply to the fact that your food has not been split up readily enough, nor alone to the irritation of the nerve ends in the stomach, nor yet to the dilation of the stomach from food or gas, though both these last two facts are potent factors in aiding the assault on the nervous centers by the toxins absorbed from the decomposed and improperly digested ingesta.

The fluttering of the heart, the feeling of depression, the "heart burn," and the increase of salivary secretion usually form a syndrome in such cases that is easily recognized, and need be touched upon only in passing.

Not so easy of recognition, however, are those cases where the fault of digestion lies partly or wholly within the intestinal canal, and where the plain symptoms of gastric debility are not so well manifested. Here the fault may be originally in the disturbance of any one of the numerous groups of organs which act in accord in the normal individual, but ere long there will begin faults in the splitting up of the food particles into their proper parts, and there will follow abnormalities of absorption and finally abnormalities of metabolism within the tissues themselves. Instead of the substances being absorbed which alone are requisite and desired by the tissues, toxic materials are engendered by putrefaction and by mal-digestion and are absorbed into the tissues. Some of these are in themselves directly toxic, and in such cases we have an immediate manifestation of intolerance by the organism, mild or severe according to the toxicity and to the amount of the toxins engendered and absorbed. Some are stored away among the tissues to be gradually broken into toxins and slowly manifest themselves as a chronic autointoxication, while a few apparently do no harm, but are taken care of by the system. All of us have seen the results of an acute overwhelming of the system by ptomaines and a few of us have been misled into considering such cases appendicitis, cholecystitis, or any one of a dozen such diseases all equally far from the truth. In such cases the nervous depression is generally profound, but so overwhelming are the local symptoms that we, as

a rule, are not far misled, and get close enough to the correct diagnosis to be able to place the seat of the trouble within the abdominal cavity.

It is in the chronic intoxications that we find the mask most difficult to tear away, for here a train of symptoms may occur, especially with complicating conditions, in which our attention is stolen entirely away from the true origin of affairs. And it is most difficult to separate the manifestations of nephritis from those of chronic intestinal auto-intoxication—days, and even weeks, of patient endeavor being necessary. Indeed, the two are often so conjoined and interactive that we cannot divide one from the other. Some most capable observers believe that nephritis is frequently due to a persistently high blood pressure, due in turn to chronic absorption of toxins from the intestines. Certain absorbed toxins, especially indoxyl (the oxydized product of absorbed indol) have a decided effect in raising the blood pressure, and have at the same time an irritating effect on the kidneys. Now, indol is a toxic compound resulting from intestinal putrefaction—making clear the effect that intestinal indigestion has in producing nephritis. Along with other deleterious effects of these toxins comes an increased blood pressure, causing in time arterio-sclerosis. With this comes the various cerebral and nervous symptoms due to this condition and likewise the cardio-vascular changes, and we have as a result irritability, forgetfulness, and an inability to do an amount of brain work commensurate with the patient's former aptitude. Possibly you may think the picture overdrawn, but should you search your memories, you will each find some case conforming to these observations.

A. Mathieu, writing for the "Gazette

des Hospitaux," October 27, 1894, recognized the truth of these points as this quotation from Sajous's Annual will show. "The nervous complications of muco-membranous colitis are most varied, among those noted being dyspnoea, pseudo-angina pectoris, generalized trembling during digestion, inaptitude for work, headache, aphasia temporary amnesia, infantile convulsions, coma etc." And F. Cantru quoted from the same source reports "two cases of membranous colitis presenting hysterical—one epileptic and the other choreic—symptoms dependent on the conditions of the intestine and disappearing as the state of the latter improved." On the same subject, A. A. Eschner says of the attacks of muco-membranous colitis: "They may be attended with acute outbreak of hysteria, hypochondriasis, or melancholia." Numerous quotations similar to these could be adduced concerning the various derangements of the small and of the large intestine, the underlying factor in the nervous element being in most cases the toxic absorption from the diseased or improperly functioning bowel.

As a result of toxic absorptions we frequently find decided changes taking place in the blood and in the blood forming organs, with a resulting anemia or even with chlorosis—the sallow color of the typical dyspeptic—and the emaciation seen in such cases is due more to the toxins absorbed than to the inanition. Indeed there is usually enough food ingested and absorbed, but the toxins absorbed along with this so overwhelm all the organs that proper metabolism is impossible. As an example of the irritating effect that such toxic absorption may have on the nervous system, recall how often epileptic attacks are traceable directly to errors of diet

(as in a case I shall report) and likewise how frequently attacks of bronchial asthma in adults and of croup in children are traceable to the same cause. The case to which I referred just now was that of a white woman about 47 years of age, who was admitted to the Roper Hospital in the early part of September last, during my term of service there. Her general history was uninteresting—one or two attacks of malaria, the usual diseases of childhood, and otherwise little of note. Her general health was good, though of a neurotic tendency. Several times, however, she had typical attacks of “grand mal,” falling unconscious, and “having a fit,” (as she said), in which she would bite her tongue. In every instance the attack came close upon some gross indiscretion of diet, and in no other case did it occur. She gave no history of an aura of any sort, or of attacks of “petit mal.” In children we frequently see convulsions following dietary errors, being somewhat analagous to the case cited above. Bronchial asthma and croup, as I have said, are at times traceable to a similar cause, and I have seen fainting attacks resulting from a like source.

Not infrequently the sufferer from chronic auto-intoxication becomes a neurasthenic, always studying his or her complaints, and always searching for and finding new and strange symptoms, until finally a condition of hypochondriasis is reached in which he makes himself miserable eternally. Such cases are pitiful in the extreme; and as a rule, the patient refuses to believe that the “fons et origo” of his trouble lies in some digestive disturbance. The constant brooding of such patients over their real and imaginary complaints may lead finally to mania and even to suicide. Recently I saw a case in which there was

a complete loss of memory for what had transpired during several days. Under a rigid attention to diet and enforced rest memory gradually returned. This case also manifested paresthesiae on one side from the neck to the foot. These paresthesiae are not infrequent, and most frequently take the form of numbness and tingling of an extremity. Occasionally the condition is obstinate and requires several weeks to pass away. These conditions, however, are frequently the result of arterio-sclerosis and the symptoms may be the precursors of an apoplectic attack. But here it is well to remember that the present conception of arterio-sclerosis places prominent in its etiology two things—a toxic element circulating in the blood and a persistently high, or as some claim, an intermittently high blood pressure. Toxic absorption from the intestines, then, appears again behind the remote nervous and physical manifestations of many cases of arterio-sclerosis.

A fairly common and easily diagnosed condition due to trophic disturbance is urticaria. The wheals and welts of this complaint are seldom mistaken for any other conditions and the underlying cause is so commonly recognized that even the laity knows how to meet it. The “indigestion bumps” and “fever blisters” of the laity are likewise commonly ascribed to their true origin, i. e. indigestion, but naturally they do not recognize that it is through the nervous system—the trophic nerves—that the result occurs. A peculiar manifestation seen in some cases is that of tender and sore spots over the body, on the limbs, or especially on the head. Recently I attended a patient, female, about 30 years of age, who suffered from fermentative intestinal indigestion, in whom these sore spots were a most marked and

disagreeable feature. As long as her digestion was good she complained of no tenderness anywhere. Following an attack of gas formation, however, the following train of symptoms would occur: First, pains moving from place to place in her abdomen, possibly accompanied by eructations of gas; the pains would localize in the left hypochondriac region—the splenic flexure of the colon—then would be referred to the left axilla and left scapular region; finally sore spots of varying size would occur in the scalp and at times on the body and thighs, these places would remain painful and sore to the touch for one or two days and gradually disappear. Treatment directed toward the fermentative dyspepsia would alleviate the chain of symptoms as a rule. In many patients of this class we find severe neuralgias, and, in women especially, leading a sedentary life, do we find the horrible sick-headache so distressing alike to physician and patient. In all such patients attention should be directed to the digestive function, and an analysis of the urine made. In the majority of these cases a large amount of indican in the urine will discover to us the fact that the digestive disturbance is, if not the chief cause, at least a potent factor in producing the symptoms we wish to alleviate.

One symptom which so far I have failed to touch upon is insomnia, that “*bête noir*” of so many sufferers from indigestion. Whether this be due to an elevated blood pressure with its consequent increase of blood flow to the brain, or to an increased activity of the heart’s action with a similar result, or to a direct stimulation of the nerve centres by the circulating poisons, I cannot say. But from personal experience I can assert that insomnia is frequently a result of mal-digestion, and that a proper atten-

tion directed to this point will often serve to relieve, or better still, to prevent sleeplessness. Of course not all instances of insomnia are the result of auto-intoxication, any more than that all fevers result from typhoid infection, and a careful examination is necessary frequently to discover the underlying cause. Diet and eliminants will not remove business worries or family quarrels, though frequently a good digestion will aid in the solution of one’s difficulties.

In direct contrast to the condition just mentioned—insomnia—we find at times drowsiness, and even coma resulting from intestinal absorption of auto-engendered toxins, and more especially is this the case where there is a chronic constipation or an obstipation. Such cases may mislead us to the belief that there exists in the patient some serious brain lesion, some drug intoxication, or else uremia. Examination of the pupils, of the reflexes and of the urines will usually aid in the diagnosis, but most important where we are able to obtain it, is a careful history of the patient, and a careful and complete physical examination.

And briefly in passing let me call attention to one point not properly classed under this subject, namely, rheumatism is frequently a manifestation of toxic metabolism within the tissues. It is mentioned here simply because many of its manifestations are referable more to the nervous than to the circulatory system by the casual observer.

The diagnosis of autotoxaemia as the etiologic factor of various neuroses is not one which can be made at a glance, or even after a single examination with any degree of certainty, for such an infinite variety of causes may produce the symptoms we are observing that only careful

and painstaking study, not only of the symptoms, but of the patient himself, with an elimination of all other factors which might be at work will justify us in making more than a probable diagnosis in any dubious case. One strong piece of presumptive evidence, however, will be of great aid, and that is the discovery of a marked indicanuria. Some most capable men seem inclined to consider this condition in itself the cause of a vast majority of these symptoms, even placing it as a cause of acute confusional insanity, but an excess of indican in the urine is probably merely the smoke for which the intestinal putrefaction is the fire. In other words, the indicanuria and the nervous symptoms both result from one cause—auto-toxaemia—and are coincident, and not sequent.

The treatment of the various manifestations varies with the cause. Copious washing out of the stomach and of the large bowel is indicated in many cases, though frequently a brisk cathartic will serve equally well, and of cathartics, calomel is one of the most useful, especially when given in broken doses. When there is much intestinal fermentation some of the numerous vaunted intestinal antiseptics may be tried—beta naphthol, the sulphocarbolates, isoform (which is highly praised by Moynihan and Mayo Robson), and numerous others have staunch advocates, but probably calomel and salol are as efficient as, and less nauseous than most. Diuretics and diaphoretics may be necessary at times to hasten the elimination of toxins, and there is probably no better agent in either class than plenty of water within and without. Anodynes and hypnotics may have to be resorted to in occasional cases, but should be avoided whenever possible. The patient should be instruct-

ed not only what to eat, but also how and when to eat, and we should bear in mind always that each man is a law unto himself in such matters, and that we should treat the patient and not the disease. Causes of worry and distress should be sought for and if possible relieved, and at times a little friendly suggestion and advice will aid in removing or alleviating the patient's mental anguish. A thorough examination of the patient is requisite; any visual defects must be rectified, his teeth repaired, his bowels regulated, his habits controlled and any excesses of eating, drinking or smoking stopped; a proper amount of rest and recreation required and attention to business during meal or recreation hours interdicted. Massage, electricity and gymnasium work are indicated in some cases, while in others a complete rest with regulated feeding is necessary.

The whole scheme may be summed up by saying: treat your patient properly, and he will attend to the disease. A large proportion of common sense and a very small one of drugs is all that is requisite.

TUBERCULOSIS IN STATE PRISON*

BY F. W. P. BUTLER, M. D.,
Columbia, S. C.

Resident Surgeon to State Prison of S. C.;
late Acting Surgeon in U. S. A.; late County
Physician of Edgefield County, S. C.

It is gratifying to note the fact that there is a decided stand in the country to combat the "White Plague" and the spread of tuberculosis. In presenting this paper to this Honorable Association I cannot claim anything especially new on the subject but will attempt in

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a modest and ethical way to give my practical experience with it as I have found it in the South Carolina State Prison, where I have the honor of being the resident surgeon.

The different boards of health in the State have almost complete control of the continued fevers that appear as epidemics in localities; it is just as important to have definite control of consumption by hygiene, quarantine, etc. We cannot emphasize too strenuously the importance of getting together on this important subject. Until latter years when a person had consumption it was rarely noticed until the second stage; the fate of the poor patient was sealed and only palliative measures were restored to, and it was thought incurable. This idea has been exploded and cases are cured now. We realize that the disease is highly contagious, and some physicians hold to the heredity idea still.

In August, 1906, I took charge of the medical department of the state prison, and I was glad to find that through the efforts of Superintendent Griffith, the board of directors, and my predecessor, Dr. S. E. Harmon, a definite plan had been consummated to handle this disease by separation. I found a model, modern, up-to-date hospital for the treatment of tuberculosis cases. The hospital is named in honor of the originator of the plan, "The Griffith Hospital", which was built from the earnings of the penitentiary, the state appropriating nothing but the convict labor.

Most of the cases I found on hand were in the second or third stages of the disease. In furnishing the new hospital we ordered very high beds made of the usual material used in the construction of such beds. In addition to this we only added a table and a chair,

with a few rocking chairs. I use the ordinary tin sputum cups with paper containers placed in the cups. Of course these cups are asepticised and the papers are burned when full of sputum. Each patient is ordered to take his cup around with him. The hospital is completely furnished with electric lights, water closets with flushing apparatus and bath tubs. The ventilation is as perfect as can be, giving full entrance to sunlight and air through numerous glass windows. Everything is white inside. We have a roof-garden on top of the building for the patients to take sun-baths, etc. The majority of my patients are from the negro race, and most of them succumb to the disease very rapidly.

It is hardly possible to estimate the great blessing this hospital has been to the prison.

For practical purposes I recognize three stages of the disease. The acute state, with very little lung involvement, but the usual acute symptoms; and this is the stage in which I try to catch my patient, and this is why I have been successful in relieving a good many of them. Then we have the stage of consolidation of the lung, and in most cases they are incurable and stubborn. The third stage is where the lungs break down and cavities are formed and these cases are absolutely incurable.

By this usual practical sub-division of the different stages I am glad to say I have been able to diagnose correctly most of the cases. The continuous rise of temperature, emaciation, the ashy, dead appearance of the skin, and dyspnea, anorexia are of course the principal symptoms I notice. The reasons, as we all know, the laity look with such dread and suffer so fatally from consumption is because they go to their

physician too late; in the second or third stages of the disease, and this is one of the main points we have to educate the public in, and preach preventive means to them.

As I have said before what little success I have gained in the management of this dread disease, has been entirely due to an early recognition of it in its incipency, and I am fortunately situated in this respect, as I have my patients under daily supervision and take charge in time. The state board of health has taken the subject up, and we trust sincerely they will do something to educate the public in reference to the seriousness of it, and impress the practical points, contagion, prophylaxis, &c.

Soon after taking charge of the hospital in the prison, the board of directors very kindly sent me to Asheville, a rendezvous for the treatment of tuberculosis, and I met two of the most prominent specialists on consumption in all of its forms, and picked up a good many practical points. I adopted Dr. Charles L. Minor's plan, hygiene versus drugs, as the most practical for use in the prison. Dr. Burroughs, another specialist, was very kind indeed and was doing a good work with drugs and hygiene combined.

My chief object in treating the cases in my care is to keep the general system in as normal a condition as possible, and let sun, air and moderate exercise, do the rest. A patient is not allowed to get up if his temperature is 100 degrees, and after he is free from temperature two weeks I put him out in the open air to light work. My experience in treating tuberculosis, has forced one idea on my mind, and that is, it will not do to practice any surgery on a patient suffering from consumption, unless it be to remove a diseased joint or limb, and

even then it is hazardous, especially if the subject is in the second or third stage of the disease. I remember I opened an abscess on a negro in the third stage, and it never got well, thought all the rules of antiseptics and asepticism were carried out. Also I worked on a fissure in another, and both these cases of surgical interference only hastened the fatal termination.

I remember early in my professional career that it was a conceded fact that only the lungs were involved in a case of tuberculosis, but that idea has been exploded too, as any portion of the human body can have the tubercles.

I found thirteen cases scattered about in the different wards of the hospital when I assumed control, and one of the first official duties I performed was to separate the entire outfit, bedding, clothes, eating utensils, etc., into a separate ward, where they remained till we opened the new hospital. There were three in the third stage and five in the second stage. The authorities, through my advice, sent six of this number to the chaing gang, under a humane supervisor, and the separation idea was impressed on me very forcibly. Without notice, I visited this camp and was struck with the great improvement in every way. Two in the second stage died after having worked for some time. Four more were sent out later, and two died with diseases other than consumption. This latter experience only helps to confirm the open-door treatment, hygiene versus drugs.

The helpless unfortunates that it has become my lot to treat, are even more pitiful in every respect, than the lowest class of outside society, but they need care and attention, and, as my friend Dr. J. H. Carlisle writes: "The strain must be ceaseless on your body, mind,

spirit, nerves, temper, etc'.

In reference to the treatment I will say that sun and air are the main factors in this branch of the subject, and without this any other is not of much use. We all know that there are no specifics for the cure of this disease, though the country has a spasm every now and then over some wonderful therapeutic agent for its cure, and then the reaction comes and we fall back in the same original routine of treatment. I begin treatment with a thorough cleaning out of the alimentary canal with most any of the many remedies, generally salts, and when the tongue indicates hepatic inactivity, I invariably give the old stand-by, calomel, with dose to suit the condition as I find it.

Many of the negroes have specific trouble, congenitally, or acquired, and for general use to all I give them the Blaud co. pill, which is composed of the following ingredients:

Rx. Blaud Mass. grs. V
Hydg, Bichloride
Strych Sulph.
Arsenious Acid
Capsicum
Ex. Gentian a. a. 1-10 gr.

M. Ft. pil. No. 1. Sig. One, t. i. d.

It will be seen that in this pill we have a good combination tonic, stimulant, alterative, and I get the pill most easily mashed between the fingers, and this is given continuously. The best form of cod liver oil is the combination of malt and creosote, and I have better results with latter which I find acts well as to the cough and for the general therapeutic effects on the system, the diseased lung especially. It is useless to go into an enumeration of the many cough syrups, and will say I have found white pine compound with tar, the best

for general use. In other words I treat symptoms; quinine as an antidote for malaria is one of our indispensables.

As I have already said that my patients belong to the very lowest strata of society, I have not attempted to give any of the various kinds of new foods that flood the country, but have tried to give them enough of what they have been accustomed to in reference to diet; plain, nutritious diet, bread (corn) meat (bacon), rice, hominy, milk, butter, etc. Whiskey and strychnine are the principal stimulants employed by me, and only when the temperature is sub-normal, or pulse weak.

In recurring to the out-door treatment, will say that the very early stars in the history of medical science, were advocates of this treatment. Both Celsus and Hippocrates advocated sea voyages, climate, and fresh air, etc.

Before I cite a few cases from a list of 59 cases, I would like to give the notes for the post mortem on a typical case of general tuberculosis.

Case 1: S. N., aet. 22, body poorly nourished, both lungs emphysematous to some extent. Heart normal in size. Considerable amount of adipose tissue and brown anemia; left ventricle 3-4 inch in thickness, no otheroma. Aortic V, normal; mit. V. normal, though with a blood clot across the orifice. (Most probably the direct cause of death). Tricuspid normal, pulmonary normal. Left lung firmly adherent to the chest walls throughout, and full of calcareous deposits and miliary tubercles. Right lung adherent to the thoracic wall throughout, also lower lobes full of tubercles; there were distinct signs of general tuberculosis. Liver enlarged, pale, yellow, fatty degeneration. Result of general tuberculosis. Abdominal cavity, distension of the transverse colon. numerous miliary tubercles throughout the cavity. Mesenteric glands enlarged and dotted with tubercles. This poor fellow was incurable. I cite 10 cases out of 33 that have been so much relieved as to be able

to work on the farm and are free from fever and cough.

Case 2; C. H., Negro, aet. 25, no history, was in ward when I took charge and found him in the second stage of the disease. Temperature ranged from 100 to 103; pulse 90 to 100; resp. 18 to 23. He improved rapidly after separation and hygienic rules. In December temperature became normal for some time, and was sent into the open in January, when he improved rapidly.

Case 3: W. D., aet. 30, no history, found in hospital when I took charge, with abscesses in different parts of the body; was having light hemorrhages. Temperature ranged from 100 to 102; resp. quick; pulse high and frequent, and at times temperature was sub-normal. Temperature became normal in January, 1907. Patient was sent out to light work, and improved rapidly, and is now doing well.

Case 4: J. A., aet. 45, tall negro from the West Indies, found in ward. Temperature, pulse, respiration, were variable. Temperature ranging from 100 to 103, and at times sub-normal. Temperature became normal after some months of treatment, put out at light work and is doing well at present.

Case 5: A. W., aet. 26, no history, was taken out of the mill, received in ward January, 1907. Temperature, respiration, pulse variable. This case was under treatment until October, when his temperature finally became normal, when he was put at light work in the open. Is doing well.

Case 6: A. W., aet. 30, no history, was taken out of the mill. Temperature ranged from 99 to 103. From May to October, 1907, he was under treatment. Temperature disappeared; light work outside proved beneficial, and is doing well.

Case 7: R. J., aet. 25, was taken out of hosiery mill with acute tuberculosis. Temperature ran 99.2-5 to 102. This continued from April until August, 1907. In August he was put at light work and is doing well.

Case 8: P. S., aet. 29, history nil, was taken out of the mill. Temperature ran from 99.2-5 to 103, sub-normal at times. He also suffered from rheumatism for a good part of the time. This man was under treatment with the usual pulse and respiration from April until September, 1907, finally became normal, was put out at light work. Is doing well.

Case 9: W. B., aet. 25, no history, was

sent from Williamsburg county chain gang with cough, temperature, emaciation, anorexia. Temperature ranged from 100 to 102, from February to August, 1907, when it finally disappeared. He, too, is doing well working in the open.

Case 10: W. D., aet. 21, no history, was sent from state farm March, 1907; abscesses in different parts of the body, which were relieved by local applications and tonic treatment. In July, 1907, he was ready to go out, and is doing well.

Case 11: H. S., aet. 30, history nil, received January, 1907; he, too, suffered from abscesses, and was treated the same way as the previous case. Was sent out in July, 1907, to work. Is doing well.

In 1907 I lost four cases which I took into the wards in the acute stages of the disease, and no means that I could devise could arrest the finality of these cases. I also lost three, found in the last stages when I took charge of the hospital. Three were sent in in a dying condition from the jails and chain gangs, and died soon after admission. One woman is recorded as having died from tuberculosis. Since August, 1906, when I took charge, have treated fifty-nine cases, seven discharged from the penitentiary, lost thirteen. Six on hand under treatment now. Lost one in 1908.

County Societies

ANDERSON.

July Meeting.

On July 6th the Anderson County Medical Society held memorial exercises to the late Dr. Nardin. A committee consisting of Drs. Wilhite, Orr and Diver introduced the following resolutions which were adopted by rising vote.

Dr. R. F. Diver, a life-long friend of the deceased, then spoke very feelingly of the life and death of Dr. Nardin. At the close of Dr. Diver's address the society, on motion of Dr. Townsend, expressed its appreciation to Dr. Diver and its entire approval of his glowing tribute to Dr. Nardin by a ris-

ing vote. On motion of Dr. Wilhite the society then adjourned "as a further tribute of respect and esteem for the deceased."

Resolved:

That in the death of Walter Hunn Nardin the society has lost its oldest and most honored member.

That for forty years he has striven most intelligently and faithfully to maintain and uplift the society and the medical profession to a higher plane of service and morality.

That in each position of life to which he was called he was true to himself, to his calling, and to his God.

That a page in our minute book be dedicated to his memory, and a copy of these resolutions be furnished his family.

Respectfully submitted,

J. O. Wilhite,

S. M. Orr,

R. F. Divver,

Committee.

In Memoriam—Dr. W. H. Nardin, Sr.

By R. F. Divver, M.D.

Gentlemen of the Anderson County Medical Society: In the midst of our deliberations upon this occasion let us call a halt for a short time, that we might come in heart touch with each other while we pay a slight tribute to the memory of our deceased brother, that truly great and good man, Dr. Waller Hunn Nardin, Sr., who has shed so much lustre and honor upon the medical profession of his native state, and whose kindness and benevolence to the sick and afflicted knew no bounds.

Dr. Nardin was born in the City of Charleston, S. C., October 24, 1837. He was the son of Dr. David Frederick Nardin, and his wife Eleanor Sinclair Waller. He was scarcely a year old when he was made an orphan by the death of his father. His mother, soon after this great affliction moved with her little baby boy to Pendleton, S. C., and when he was about five years old, his mother brought him to the village of Anderson, which was destined to become his home for life. He was soon placed at the village school where he received his early literary education, and with the instruction he received in the languages from the Reverend J. Scott Murray, he was in early life enabled to commence the study of medicine.

After reading medicine in the office of Dr. B. F. Brown for some time he repaired to

the University of Virginia, where he matriculated as a student of medicine. The following year he entered the medical department of the University of New York, where he was graduated in March, 1860. On his return to his home in Anderson, he entered into partnership with Dr. B. F. Brown as the firm of Brown and Nardin. He was united in marriage with Miss Lucy E. Hammond, of Dalton, Ga., on October 24, 1860. It was but a short time afterward when the blast of the Southern bugle called upon the sons of the Southland to don the confederate gray and march to the front of battle. Our friend promptly answered the call and soon after we find him at the bedside of the sick and wounded in the hospitals at Columbia, S. C., as assistant surgeon of the C. S. A. He was there but a short time when he was transferred to the Western Army as surgeon of the 65th Georgia regiment, and afterwards in General Capers' brigade. He surrendered under General Jos. E. Johnston, at Greensboro, N. C., April, 1865, receiving as his pay one Mexican silver dollar, which his family still holds in their possession as a souvenir of his services to his country as a Confederate soldier and surgeon.

It was not until 1873 that our friend divested himself of all other business and entered fully into the active practice of his profession as a physician and surgeon, and in doing so he gave his whole heart and mind to his noble calling. It was not long after he came to the front that he was recognized as the leading physician of the county. He soon had at his command a large and lucrative practice.

He did not neglect his library. He was a constant reader of medicine and he read carefully and profitably. He understood well what he read and knew how to apply his knowledge. It is not often we find in the good physician the good surgeon. It is usually the one or the other. But in our brother we had both, the good physician and the great surgeon.

May I be pardoned for just a moment to make a personal allusion. I am now an old man, nearing the allotted time of life, three score years and ten. For more than than forty years I have been a member of the medical profession, and during that time I have visited many of the large hospitals and medical colleges of our country. It has

been my privilege to be present and witness a number of important and difficult surgical operations by those master surgeons of America, Samuel D. Gross, Joseph Pancoast, D. Haynes Agnew, Eli Geddings, Manning Simmons, Julian Chisholm, John B. Murphy, and many others, and yet I feel that I can truly say that our beloved brother was the peer of any of these great men, and his work in our midst has told the tale. Upon an occasion of this kind it would perhaps be useless to speak of the many important and difficult operations that have been performed by our brother. I will only say, many of his patients are still with us, ask them.

He was the first president of our medical society. He was also vice-president and president of our State Medical Association; also a life member of the State medical Association.

As a physician in his intercourse with his professional brethren he was always courteous and kind, ever ready to come to our aid and give us the benefit of his counsel and assistance; he never either by act or inuendo reflected unkindly upon his professional brother.

No vile or impure word was ever heard in or about the sick chamber from the lips of that. He felt it was a degradation to his calling as a physician to indulge in vulgarity or slang in the presence of the sick. He felt it was his duty to elevate not to degrade either by precept or example our noble profession.

As a citizen he was as true as steel to the interest of his county, his city and his state. Never taking any active part as a politician or as a seeker after political preferment, yet he was always interested in what was best for his country. Without any solicitation on his part whatever he was elected as the first mayor of our city, and a few years ago he was elected as one of the board of trustees of our city schools. Other promotions had been tendered him, but were always declined.

He was always anxious and interested for the welfare of the poor and suffering of the community, and his heart's desire was to see a hospital established in our city ere he was called from his earthly home. Our beautiful hospital had just been established and the work of ministering to the sick scarcely begun

when the summons came to come up higher. His last work on earth was for the hospital. Truly, he went about healing the sick and doing all manner of good.

For several months the death angel had been hovering over the home of our brother. He was forewarned and he felt that the time of his departure was near at hand. He grew softer and sweeter day after day. Truly, he was mellowing for the grave. All worldly cares were vanishing from his thoughts and his heart and soul were being lifted up to a higher and brighter home. He could look back over a long and useful life and feel that he had done his part and done it well. What more could he do? What more could he ask? Servant of God, well done.

August Meeting.

The Anderson County Medical Society held a very interesting meeting on August the third. Eighteen members were present. Two new names were added to the roll: Drs. C. L. Guyton, of Williamston, and J. T. Hunt, of Townville.

A Remarkable Case.

Dr. R. L. Sanders made a clinical report of a case of stricture of the rectum of inflammatory origin. The patient had had complete constipation for fifty-four days and so much marked was the fecal impaction that a malignant trouble was suspected. But forcible dilations under ether and manual removal of large fecal masses, followed by oil enemas in knee-chest position, and castor oil by mouth, completely removed trouble and resulted in recovery.

Dr. J. C. Harris reported a case of osteosarcoma of tibia occurring in a young lady of twenty years of age. A tentative diagnosis of necrosis was first made and a thorough curettement was practiced. A few months later an amputation of the leg was necessary at which time the true nature of the condition was recognized. This was followed by a symptomatic cure for eight or ten months, at which time a metastatic osteo-sarcoma was removed from the left inguinal region. This tumor was distinctly osseous, but was completely isolated from any bone. Recovery followed, but in a few months metastasis occurred in the spleen and liver, resulting in death.

Dr. J. G. Duckworth then read an interesting paper on rabies, which was freely discussed.

Unlicensed Practitioners.

At the meeting of the society in May the secretary was instructed to inform all the doctors in the county who had not secured a license to practice medicine that they would be required to procure license at the meeting of state board in June. At the July meeting of our society it was stated that Dr. Mark Sullivan, of Pelzer, had not procured a license. The legislative committee was authorized to bring this fact to the attention of the grand jury. Dr. Sullivan was notified of this action of the society. Dr. W. R. Dendy, who is a partner of Dr. Sullivan's, stated that Dr. Sullivan only intended practicing in this state for one year, at the end of which time he was going to take hospital work in New York. He offered this as an explanation, and asked that for this reason the matter be not pushed. Other members of the society who knew Dr. Sullivan reported that he was exceptionally capable to practice, but the opinion was that he should have complied with the law, more especially since he was notified by the society to do so. The motion was passed that the legislative committee proceed with its work as previously instructed. This action was not intended especially for Dr. Sullivan, for there are one or two others in the county who have no license. The society has determined that the medical laws of the state shall be enforced in this county in so far as it is able to enforce them.

The chair announced that typhoid fever would be the subject for study at the mid-monthly meeting. Drs. Wilhite, Watson, Babb, Hayne and Pepper will read papers. The society adjourned to meet the 17th of August.—J. R. Young, M. D., Secretary.

CHARLESTON.

Much of moment has transpired here of late. The July meeting was largely taken up with business pertaining to the hospital, though some scientific discussion was indulged in. Two cases of pellagra were brought before the society by Dr. Sosnowski and aroused interest. Dr. Whaley showed a case of blastomycosis. At our mid-monthly meeting Dr. O'Driscoll read a paper on the "Differential Index in Blood Pressure in T. B." It was of more than usual interest, as nobody knew anything about it. Dr.

Baker showed a perfect result in an operation for tic douloureux.

Lodge and Contract Practice.

The ethics of lodge practice and contract work generally has been agitating our society for some time. The board of censors to whom this matter was referred have displayed an immense amount of energy in thrashing it out. At the July meeting they read a very complete preliminary report, in which they recommended that each member who held contracts of any kind, verbal or written, communicate fully concerning same with them, and they would pass on each case individually. A great many responded and at the August meeting the censors very exhaustively dealt with the subject. The result of it all is briefly summed up in the following resolution which was passed:

"Be it resolved that in future no members will be considered as acting in good faith towards our ethical standards unless in signing or accepting a contract he make sure that his services are to be paid for at not less than the minimum fee bill prices per visit or per surgical attendance, municipal, state, and government contracts excepted."

Should a physician contract to attend a lodge, order or what not at \$200.00 a year, say, then he could only pay 100 visits, or 200 office visits to make it conform to the fee bill. If more work than this were expected of him, then an extra assessment must be made in order that the fee bill rates be observed.

Doctors and Politics.

Of vital interest to the medical profession at large and the public is the election to the U. S. Senate of a man who is an advocate of judicious medical legislation. Such a man we believe to be Hon. R. G. Rhett. As mayor of Charleston he evinced a keen personal interest in all enactments medical, and is in thorough sympathy with all measures tending to sanitary and hygienic betterment.

At a personal sacrifice of some popularity he saw to it that the garbage regulations were enforced, and he has at all times proven himself the friend of the doctors. No wonder is it then that the following resolutions were passed unanimously:

Whereas, in the past it has been a matter of great difficulty to secure the passage and enforcement of proper sanitary and hygiene legislation, both in the State and national

legislative bodies, and

Whereas, a concerted effort is now being made by the medical profession to secure such necessary medical legislation and to secure needed recognition in the council of the nation such as will conduce to the health and prosperity of the whole people, and

Whereas, Mr. R. G. Rhett, of Charleston, S. C., has repeatedly shown himself to be a friend to the medical profession in its efforts to obtain better sanitary conditions and laws, a man of high character and sterling worth and an able administrator of public affairs, and furthermore, definitely expressed himself as favoring the plank in the Democratic platform relative to the improvement of the public health:

Therefore be it resolved, That the Medical Society of South Carolina endorse heartily the candidacy of Mr. Rhett for Senator from South Carolina and pledge him their support.

Be it further resolved, That copies of this resolution be forwarded to each county society in this State and be sent to the daily papers for publication.

The Medical Club.

July 6th the 12th birthday of the "medical club" was fittingly and pleasantly celebrated by the annual banquet at the Commercial Club. As special guests Drs. S. C. Baker and Walter Cheyne, of Sumter, added much to the success of the evening. Dr. Mullally's perennial oration surpassed in brilliancy and wit all previous efforts. He briefly outlined the achievements of "these 20th century pathfinders in medical and surgery" with a veritable nitrous oxide effect.

College Changes.

The faculty and trustees of the Medical College of the State of South Carolina have seen fit to elect Dr. Robt. Wilson, Jr., as dean. The selection is an especially wise and happy one as there is hardly in the state a man better qualified to discharge the exacting duties of this high office. A man of profound erudition and by instinct a teacher he likewise possesses those attributes which unresistingly compel the student to turn to him for counsel and advice. Outside the class room the unfortunate barrier so usually seen between professor and student is down, and he is ever ready and willing to lend an ear to the troubles that beset a student in his course. He is not only their teacher, but their friend. This touch of the elbow is the keynote to a successful administration. The medical profession and especially the prospective medical

profession of the state is to be congratulated on the election of such a one to this position, and we predict for the college an increased sphere of usefulness, and that his administration will redound to the honor and dignity of the profession.

In keeping with the spirit of the age considerable extension and improvement in teaching facilities are being commenced at the college. The bacteriological and pathological laboratory by the opening of the college it is hoped will be remodeled and enlarged. Two wings will be built off from the East and West which will double the capacity and give ample room for the classes. The laboratory will be fully equipped with the necessary apparatus.

The chair of general surgery, made vacant through the ill health of Dr. J. Somers Buist, who for many years so ably filled it, is now occupied by Dr. Chas. M. Rees, of Charleston. Some of the applicants for this position were men of conspicuous ability, and it was only after much deliberation that the trustees and faculty made known the wisdom of their choice. Well known throughout the State and well versed in both the science and art of surgery, the college has made a valuable acquisition to its teaching staff.—Allen J. Jervy, M. D., Secretary.

DORCHESTER.

In Memory of Dr. M. S. Gressett.

(Resolutions adopted by the Dorchester County Medical Society.)

Whereas, Our Heavenly Father has seen fit to call from our midst by death our worthy colaborer, Dr. M. S. Gressett, and this association desires to express its recognition of his fidelity as a physician and his upright character as a man, Therefore, be it Resolved, That in this death our association feels sorely grieved; but in sorrow we bow to that stern decree which reminds us all that "In the midst of life we are in death."

Resolved, That with unanimous vote we testify to the spotless and unblemished character of our deceased brother and colaborer, as manifested everywhere in the circle of his activity and usefulness; as a brother physician, as a kind and loving husband and father, as a neighbor and friend.

Resolved, That in every relation of life,

we point with pride to his example as an honest upright man, God's noble work, and hold in our memories his unassuming virtues.

Resolved, That we tender to his bereaved family our heartfelt sympathy. In their bereavement, their loss, and their sorrow we share.

Resolved, That a copy of these resolutions be given to the South Carolina Medical Journal, to the Dorchester Eagle, Times and Democrat, and that a copy be sent to the family of the deceased.

W. P. Shaler, M. D.,
Carlisle Johnson, M. D.,
P. M. Gudy, M. D.,
Committee.

GREENWOOD.

The Greenwood County Medical Society is still flourishing. July 6th we had one of our best meetings.

Dr. W. T. Jones read a report of an unusual labor case (see clinical report, this issue). The discussion was participated in by all present and resulted in a regular experience meeting along those lines. The most of our membership is enthusiastic and it is rare for us to have a dull meeting.—J. B. Hughey, M. D., Secretary.

RICHLAND.

June Meeting.

The society was called to order by the president, Dr. R. L. Moore. The following members were present: Drs. W. M. Carn, R. L. Moore, Eleanora B. Saunders, J. H. Taylor, T. M. DuBose, F. W. P. Butler, D. S. Black, S. E. Harmon, R. W. Gibbes, C. F. Williams, W. A. Boyd, S. B. Fishburne, J. H. McIntosh, A. E. Boozer, F. A. Coward, Henry Horlbeck, and R. A. Lancaster.

The minutes of the previous meeting were read and adopted. Dr. J. W. Boozer, of the local dental association, announced that the state dental association would meet the next day in this hall, and he extended a cordial invitation to this society to attend any or all of their meetings.

Dr. W. A. Boyd reported a case of aneurism of the arch of the aorta. Discussed by Dr. Harmon.

Dr. R. L. Moore exhibited a patient with an injured eye, the result of a burn from concentrated lye.

Dr. T. M. DuBose read a paper on "Tuberculous Meningitis, With Report of a Case." Dr. Taylor discussed the paper and spoke on the subject of lumbar puncture for relief of symptoms. Also discussed by Dr. Boyd.

Dr. C. F. Williams made a few remarks on his trip to the meeting of the American Medical Association. He also spoke of the early diagnosis and treatment of tuberculosis; and of Dr. Morris' (of New York) position on the subject of appendicitis.

Dr. F. A. Coward asked that the members of the society report all cases of typhoid fever as soon as diagnosed, to the secretary of the local board of health.

Dr. J. H. McIntosh stated several needs of the Columbia Hospital, viz., a resident physician, agreement on some routine plan of treatment in preparing patients for operation, some plan for post-operative treatment, limiting the number of visitors, etc. He therefore moved that this matter be referred to the executive committee of the hospital staff to be put in some tangible shape and presented to the society.

The subject of the Koon treatment for hydrophobia was brought up and discussed. Dr. Williams moved that the matter be referred to the committee on public health and legislation, and that they take action at once. Carried.

The society then adjourned.

July Meeting.

The society was called to order by the vice-president, Dr. J. H. Taylor.

The following members were present: Drs. D. S. Black, A. E. Boozer, W. A. Boyd, F. W. P. Butler, Mary R. Baker, S. B. Fishburne, R. W. Gibbes, LeGrand Guerry, S. E. Harmon, Henry Horlbeck, A. B. Knowlton, R. A. Lancaster, J. H. McIntosh, P. V. Mikell, Eleanora B. Saunders, A. E. Shaw, J. H. Taylor, J. J. Watson and C. F. Williams.

The minutes of the previous meeting were read and approved.

Dr. R. A. Lancaster exhibited a patient suffering from pellagra, and gave a history of the case. Discussed by Drs. Watson and Harmon.

Dr. Lancaster reported several cases of tetanus neonatorum. The point he emphasized was the board-like condition of the epigastric muscles which preceded for some little time the convulsions.

Dr. S. B. Fishburne reported a case of congenital deformity of the foot; also a case of uremic toxemia.

Dr. J. H. McIntosh stated that the executive committee of the Columbia Hospital staff had no report to make.

Dr. McIntosh, chairman of the committee on public health and legislation, said the committee had no report to make on the subject of the "Koon Treatment for Hydrophobia," which was referred to the committee the last meeting. It was moved and carried that the matter be referred to the state board of health.

A letter from the secretary of the Spartanburg County Medical Society concerning Dr. Geo. R. Dean, was read and received as information.

A letter from the Columbia Retail Druggists' Association, inviting this society to a smoker to be given by them to the State Pharmaceutical Association was read, and, on motion, the invitation was accepted with thanks.

The application for membership of Dr. G. C. Stuart, of Eastover, S. C., was read and referred to the board of censors.

Dr. W. A. Boyd spoke of the resolutions which had been adopted by this society some time ago, prohibiting the appearance of the members' names, in connection with cases, in the local papers. He moved that the secretary be instructed to purchase a scrap-book and paste in it all clippings from the local papers containing the names of the members of this society, and the scrap-book be on exhibition at each meeting of the society. Seconded and carried. Dr. Lancaster moved that the members send the clippings to the secretary. Carried. The society then adjourned.—Mary R. Baker, M. D., Secretary.

"He has achieved success who has lived well, laughed often, and loved much; who has gained the respect of intelligent men and women and the love of children; who has fulfilled his duty and accomplished his task; who has left the world better than when he found it, whether by a perfect poem or a rescued soul; one who has never lacked appreciation of the earth's beauty or failed to express it; who has already looked for the best in others and given the best he had; whose life was inspiration, and memory a benediction."

Obituary

B. F. Godfrey, M. D.

Dr. Bennett F. Godfrey of Laurens county, died at his home a few miles out of the city of Laurens, on August 14th, after injuries received the day before in a runaway accident, his horse falling on top of him after a drop of about twenty feet over the side of the Little River bridge just inside the city limits. He did not recover consciousness after the accident.

Dr. Godfrey was thirty-five years of age, and was a graduate of the Chattanooga Medical College, in the class of 1897. He was loved and respected by the community in which he lived and labored, and his death will be mourned as a heavy loss. He was a member of the Laurens County Medical Society and the South Carolina Medical Association. He leaves a wife and several small children.

Clinical Notes

DIFFICULT OBSTETRICS.

By W. T. JONES, M. D.

(Read before Greenwood County Medical Society.)

I beg to report the following difficult obstetrical case:

On November 9th, 1907, I was called to Mrs. B., primipara, aged 35. Upon examination found breech presentation, os dilating, membrane forming, pains good, patient cheerful and hopeful. At that time there were no symptoms indicative of the fearful ordeal that my patient was to be subjected to. The case progressed favorably until the breech reached the stage where under normal conditions a few pains would have expelled the fetus. Notwithstanding the most powerful uterine contractions continued, the child failed to advance. I called in my friend, Dr. B., and we delivered the breech with forceps. Dr. B. then was called away and I cherished the hope that my case would progress favorably. Unfortunately, such was not the case. The pains continued very strong, but the labor advanced exceedingly slow. Several hours elapsed before the body was delivered. I then resorted

to the usual method of depressing the chin upon the thorax and pushing up the occiput to expedite the delivery of the head, but in vain. After persistent efforts to relieve my patient, without avail, you can appreciate the unenviable position I was placed in, as Dr. B. was in attendance upon an obstetrical case, and I was unable to obtain other assistance. Under the circumstances, as the only chance to save my patient was to perform capitation and deliver the head with forceps, I proceeded at once to do so. After the removal of the body I applied the forceps, but it required several pains and considerable effort to dislodge it.

The completion of delivery revealed the cause of all the trouble, as it was a case of hydrocephalous. The foetus had the appearance of having been dead several days. Duration of labor, 26 hours.

In all my obstetrical experience I have never met with a similar case and sincerely trust I may never do so again. My patient made a good recovery and is now in the enjoyment of her usual health. If any of our society have unfortunately met with such cases I will thank you to give us your experience.

A CASE FOR DIAGNOSIS.

By Richard B. Furman, M. D.

A one-horse wagon, drawn by a small brindled bull, stops in front of the doctor's office. A negro boy holds the lines, and a fat mama is sitting on a box behind him with a bundle wrapped in an old bed quilt in her arms. Placing her bundle on the wagon floor she proceeds to crawl out between the wheels with much wary circumspection, an elderly grunt or two, and a liberal display of unstockinged leg. A sudden lurch of the bullock brings her to earth with a thump and a *sacatto* "Do Jesus." Regaining her equilibrium she gathers up her bundle, from which a wizened black face, adorned and glorified by a pair of dogwood blossom eyes, emerges. Admonishing the youthful Jehu to "don't let dat cow run way an' broke up yo' granpaw waggin ef you ent wanta git yo' brains buss out," she lumbers into the office. After devoting a brief interval to regaining the breath lost in her recent exertions, and dissipating the perspiration engendered thereby, she unburdens herself of her "arrant."

"I fetch dis chile fuh you to look at um, please suh, an' lemmy know wha' de mattah ail um an' geeum subscription. I bin try my homes remedy onum an' wha' dissen an' datten ecvise, but stedda he recroot up he peah fuh git wusser ontell it look lack he gwine dead. No, suh, he ent my chile. He was give me by my secunts cousin Manda Ludd nyounages' gal Angeline, wha' dead wid de tarryfide fevah when he bin in he tree week old. He evah been a weezly chile fum de fuss breat ontell all bofe he two eye bin shet. I low it muss be wurrum wha' ail um, an' I geeum some wurrum puhfume, but it ent seems to reach de complain.' Ole aun Fibby Simmon, de granny oomans wha' stay longside de big road—I speck you mus' be shum—ecvise me futtuh geeur road root tea an' bade he two leg een mullein leaf bile down wid life mulastin. She say how he gut de yaller trash, an' dat he'll sho dead ef he go troem. Ole Mis' Ann low he plaguenin wid de ingestion of de stumick an' de dropsy, an' gimme some calomus an' tinchywine fuh geeum, an' de swellin' bate down ontell he look lack he gwine swage way to nuttin. He ent recroot up none, huccum I fetch um fuh you to edzamin um an' geeum doctah medicine. No, suh, he appetite fuh eat ent fail. He de gutliness chile I ebba see; crave meat an' vegytible an' hebby diets. Yes, suh, dat cough bin plague um oft an' on ebba sence he bin in he two munt ole, an' een de night he fay jucks um fum root tuh tussick. Some onum wanta say he libba done grow to he lights, but I speck you muss be know."

Correspondence

MARMOREK'S TUBERCULOSIS SERUM.

New York, June 10th, 1908.

To the Editor: In connection with the widespread and increasing interest throughout the civilized world in the matter of the prevention and cure of tuberculosis you will be interested to learn that Prof. Marmorek, the discoverer of antistreptococcic serum, at the Institute Pasteur, Paris, has signified his willingness, at the request of our Paris House, to supply physicians who are especially known through their work in connection with tuberculosis with a certain amount

of his tuberculosis serum for clinical tests, gratis. Such physicians, if they will communicate with us, we will immediately place in touch with Prof. Marmorek through our Paris house.

We should be pleased to supply, for clinical experiments in your wards for contagious diseases, a sufficient amount of a new scarlet fever serum for internal administration gratis.

Yours very truly,

Pasteur Vaccine Co., Ltd.,
366 West 11th Street.

News and Miscellany

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

The International Congress on Tuberculosis will hold its next tercentennial meeting in Washington, D. C., from Sept. 21 to Oct. 12. The last convening of this important body was held in Paris in 1905. Mr. Roosevelt has been asked to assume the presidency of this congress, and in his letter of acceptance to Dr. Lawrence F. Flick, chairman of the congress, he says, in part:

"The work of this congress will bring the results of the latest studies and investigations before the profession at large and place in the hands of our physicians all the newest and most approved methods of treating the disease—a knowledge which will add many years of valuable life to our people and will thereby increase our public wealth and happiness. The International Congress Tuberculosis is in the interest of universal peace. By joining in such a warfare against a common foe the peoples of the world are brought closer together and made to better realize the brotherhood of man; for a united interest against a common foe fosters universal friendship. Our country which is honored this year as the host of other nations in this great gathering of leaders and experts and as the custodian of the magnificent exhibit which will be set up by the entire world, should manifest its appreciation by giving the congress a setting worthy of the cause, of our guests, and of ourselves. We should endeavor to make it the greatest and most fruitful congress which has yet been held, and I assure you of my interest and services to that end."

Every physician should feel it incumbent to identify himself with this important movement. The fee for active membership is only five dollars, and this sum entitles the member to receive free of all cost, the reports and publications of the congress. These will contain a resume of our knowledge of tuberculosis today. Application may be sent to Dr. John S. Fulton, secretary-general, Washington, D. C., from whom also all information regarding the congress can be obtained.

Dr. John L. Dawson, of Charleston, is executive committeeman for South Carolina.

Paris, Aug. 18.—The case of Dr. John Miller Moore, formerly of Rock Hill, S. C., has occupied the attention of Consul General Mason ever since the middle of last week, when Dr. Moore, who at one time was surgeon in the United States navy, was sent to the Villeverad asylum on account of his peculiar behavior in certain Paris hotels, which led the authorities to believe he was suffering from hallucinations. Dr. Moore insists on being released from hallucinations. Dr. Moore insists that he is sane, and he has written several letters to Mr. Mason, demanding his instant release, but the examining experts, including Dr. J. W. Babcock, superintendent of the State Insane Asylum at Columbia, S. C., who knows Dr. Moore, are all agreed that he is suffering from delusions of sight and hearing and that it would not be safe to liberate him. The French authorities refuse to liberate him until some relative or friend will sign a bond for his personal safety and conduct him from France. Mr. Mason has no appropriation for such a course, and no authority to act, and consequently he has submitted the matter to Mr. Moore's relatives in South Carolina.—Press dispatch.

BABCOCK STUDIES PELLAGRA.

Paris, Aug. 17.—Traveling with United States Senator Tillman, who is at present staying at the Hotel Albany, is Dr. Babcock, superintendent of the South Carolina Insane Asylum.

Dr. Babcock during his tour has made observations on a peculiar mental disease called pellagra, and his findings may have a great economic influence in the Southern portion of the United States.

Dr. Babcock has noticed the presence of

the disease in various Southern States, practically Georgia and the Carolinas, and even as far west as Texas. Before his departure from American pellagra was thought to be unknown there, and it was some time before Dr. Babcock diagnosed it. This diagnosis was disputed by many American alienists, because so little was known about the disease in the United States.

During his travels in Italy, Dr. Babcock had several interviews with Dr. Pavone, who is the head of the Italian Board of Public Health, and is the recognized European authority on pellagra.

He gave Dr. Babcock facilities for examining cases of pellagra in Italian hospitals, and as a result of his investigations. Dr. Babcock is certain the American disease is pellagra.

The disease is caused by eating diseased or fermented corn. It is particularly rife in the Lombardy district, where, Senator Tillman remarked, not enough space and air are given to the corn.

The economic importance of Dr. Babcock's discovery was explained by Senator Tillman. He said that after the Civil war the South abandoned corn growing on a large scale because such high prices were obtainable for cotton. The South he said, was therefore compelled to import corn from other States which were not nearly so favorably for corn growing.

Some of this corn, he said is diseased in the pith, that is the nitrogenous part, but as the outer starchy part is still good all is ground up for hominy or meal.

This is the origin of pellagra in the Southern States. To stamp it out, Senator Tillman said there must either be a rigorous inspection of corn or the South must put up a barrier against corn grown in other States and revert to corn growing itself.—Press Dispatch.

THE SAMUEL D. GROSS PRIZE—FIFTEEN HUNDRED DOLLARS.

(Essays will be received in competition for the prize until January 1st, 1910.)

The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty

printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigation, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page, it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th St., Philadelphia," on or before January 1, 1910.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

William J. Taylor, M. D.,
Richard H. Harte, M. D.,
DeForest Willard, M. D.,
Trustees.

Dietel's crisis occurs in floating kidney. It is due to a twisting of the renal vessels, or compression of the kidney owing to the extreme mobility. The paroxysm is characterized by sudden abdominal pain, chills, nausea, vomiting and frequently collapse. The condition is frequently mistaken for renal or appendicular colic, and for the crises which occur in tabes dorsalis.

Quinke's capillary pulse is met with in aortic insufficiency. It is best seen in the finger nails, or by drawing a line upon the forehead, when the margin of hyperemia on either side alternately blushes and pales.

Book Reviews

MEDICAL GYNECOLOGY.

By S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital. Octavo of 675 pages, with 135 original illustrations. Philadelphia and London: W. B. Saunders Company. 1908. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

There can be no doubt in the mind of the general practitioner that for many years there has been a crying need of some active and practical work freely and thoroughly dealing with the non-operative side of gynecology. In the present work Dr. Bandler gives us, with elaborations, a grouping and rearrangement of his lectures in the New York Post Graduate School. The feature that will appeal to the general practitioner is that operative procedures have been viewed as a last resort in those many conditions in which medical means can accomplish so much. As the author says in his preface, "in no field of medicine is conservative treatment of greater value, but, combined with this, there is needed a knowledge of the relations of normal and pathologic genital functions to the physical and psychic health of woman." This work of Dr. Bandler's as we have said before, will occupy a long-felt want and we believe it will be hailed with delight by the large mass of conservative men who are practicing medicine throughout this country. We predict for the book an immediate popularity.

OSLER'S MODERN MEDICINE, VOL. IV.

Modern Medicine. Its Theory and Practice. In original Contributions by American and Foreign Authors. Edited by William Osler, M. D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia and in McGill University, Montreal. Assisted by Thomas McCrea, M. D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 900 pages each, illustrated. Volume IV, just ready. Price per volume: cloth, \$6.00 net; leather, \$7.00 net; half morocco, \$7.50 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

In a work covering the vast domain of

Internal Medicine it is no small merit to have the scheme logical and the division into volumes so arranged that the whole of a natural group can be taken from the shelf between a single pair of covers. It is a token of skill to do difficult things with apparent ease, and Professor Osler has certainly so managed the classification and division of subjects in Modern Medicine, two very important practical considerations.

The fourth volume, just from the press, according comprises all diseases of the circulatory system and of the blood, including the spleen, thymus and lymph-glands. Its list of authors exhibits the same editorial purpose and ability to know and to secure the best writer for each subject. As the plan for the whole work was of course developed before any part was undertaken, the seven volumes when assembled will constitute an even and complete library on general medicine, and it may be remarked that as the leading authority on each subject was chosen without regard to nationality or geography, Modern Medicine therefore reflects the best human knowledge at the present time.

Good things sell themselves, and, conversely, a thing which sells itself is good, and the publishers tell us that Modern Medicine answers this test by exhibiting a sale equal to five ordinary editions before it is even half issued. It is a practical consultant for every physician, and is destined to go into the library of every alert practitioner in America.

SURGERY.

By John Allen Wyeth, M. D. (University of Alabama). President of the New York Academy of Medicine; President of the Medical Faculty of, and Surgeon-In-Chief to the New York Polyclinic School and Hospital, etc. 828 pages, with 864 illustrations, of which 57 are colored. Sold by subscription. Cloth, \$6.00, delivered. Marion Sims Wyeth & Company, Publishers, 244 Lexington Avenue, New York City, 1908.

Professor Wyeth's original work on surgery appeared in 1887, and a third edition was published in 1900. In the present work which may be justly regarded as entirely new and modern, many of the original illustrations have been preserved as relating to modern technique, and as much of the text as deals with the science of surgery as accepted and practiced at this date have

been retained. The minor operations, as well as the major ones are presented concisely and simply, and throughout are freely illustrated, making the work valuable for quick and ready reference, and of invaluable service, especially to the busy general practitioner. The simplicity of style and clearness of expression must make the book attractive for students' use. In the chapter devoted to the eye the author acknowledges his indebtedness to Dr. R. O. Born, and in the one on the ear he has had assistance from Dr. E. B. Dench. The mechanical work on the volume is excellent, with heavy paper and good type, and the binding has a flexible back which permits of easy opening at any place in the book—a most practical advantage in a volume of such size.

BOOKS RECEIVED.

State Board Questions and Answers. Goepf. W. B. Saunders & Co.

Surgical Anatomy. Campbell.. W. B. Saunders & Co.

Medical Gynecology.. Bandler.. W. B. Saunders & Co.

Pulmonary Tuberculosis.. Bonney.. W. B. Saunders & Co.

Diagnosis by the Urine.. Memminger.. P. Blakiston's Son & Co.

Pain. Schmidt. J. B. Lippincott Company.

Progressive Medicine. June, 1908.. Lea & Febiger.

Golden Rules of Dietetics. Benedict.. C. V. Mosby Company.

Wyeth's Surgery. Wyeth. Marion Sims Wyeth & Co.

Diseases of the Skin. Jackson.. Lea & Febiger.

Modern Medicine, Vol. IV. Osler.. Lea & Febiger.

Antirabic Treatment.—The State Board of Health of North Carolina officially announces the perfection of arrangements by the State Laboratory of Hygiene in Raleigh, for the administration of antirabic treatment. Dr. Charles A. Shore, state biologist, is in control of this new department, which is fully equipped for its work. Persons who are able will be expected to pay expense of treatment, but indigent patients will be cared for by the state without expense.

Current Reviews

OPHTHALMOLOGY AND OTOTOLOGY.

By Edward F. Parker, M. D.

Occult Reaction in Typhoid.

Meroni has been testing the instillation of typhoid toxin in the eye as a means of early diagnosis, according to Chantemesse's technic mentioned in *The Journal*, April 25, page 1344. He found in an experience with 55 patients that the reaction may be positive even after six hours, not only with typhoid patients, but also with others suffering from other maladies, as he tabulates in detail. After twenty-four hours the absence of reaction speaks against typhoid. The test has thus considerably practical value. Some individuals with exceptionally sensitive conjunctiva respond with a strong reaction to instillation of even an indifferent substance, such as sterile bouillon. No deleterious by-effects were noted in any instance, and the efficiency of the typhoid toxin was not impaired by heating to 60 C. He is now engaged in research to compare the sensitiveness of the conjunctiva in health and in typhoid fever to typhoid and colon bacillus toxin.—Abs. Jour. A. M. A.

A Review of the Occulist's Records for Ten Years at the Ohio State School for the Blind.

Brown, John E., Columbus (Ohio State Medical Journal, April 15, 1908), says that at this institution ophthalmia neonatorum is the most prolific cause of blindness found, the average for ten years being 17.6 per cent. The writer suggests that a printed slip be left at the bedside of every paturient not under the daily notice of the physician, calling attention to the destructive nature of inflammation of the eyes of the newborn. He gives a form for a leaflet which might be given to mothers and nurses. Sympathetic ophthalmia is also an important factor in causing blindness. Pemphigus conjunctivae with dessication of the cornea from drying resulted in only light perception in two cases. Daily inunctions of castor oil, which smoothed the corneal epithelium and increased its transparency, gave fair form vision.—Abs. Ophthalmology.

Inspection of School Children with Special Reference to the Ear, Nose and Throat.

Chas. Wyche (St. Louis Med. Rev., May 4, 1907) urges the importance of an early otological examination, and mentions as requiring special attention, enlarged tonsils, irregularities of the septum, hypertrophic and atrophic rhinitis, and, above all, to adenoids.

Eye examinations in the public schools have attracted the attention of the public, which attaches a great lack of importance to otology, and is due to ignorance on the part of the parents and to some extent on the part of teachers. Each pupil, irrespective of what the teacher thinks, or the pupil may feel in regard to his condition, should be carefully examined. A card system recording the condition obtaining should be kept.

Notification in case treatment is necessary should be sent to parents at once, and this would relieve the teacher of all responsibility as to future complications. That a teacher who has the same pupils under him or her for months will readily acquiesce in the physician's demands for treatment is a foregone conclusion. Much more difficult will be the training of parents, there being a popular prejudice in the minds of well-to-do parents that only children of the poor are hampered by ailments undiscovered by parents and guardians.

It will be noticed that the author's views are, in essentials, those carried out by the system of Dr. Frank Allport, of Chicago, and and now compulsory by law in several states.—Abs. Laryngoscope.

MATERIA MEDICA AND THERAPEUTICS.

By E. A. Hines, M. D.

Pneumonia.

West says that pneumonia, though a germ disease, is not infectious in the sense that it does not spread from the sick to the healthy. He shows by a chart from the registrar general's figures the strikingly parallel course of the mortality from pneumonia and influenza between 1889 and 1905. He divides treatment into: 1, Prophylactic and preventive; 2, antibacterial and antitoxic; 3, symptomatic. Under the first heading he calls special attention to the importance of a careful mouth toilet, especially during the course of specific infectious fevers. Avoidance of cold and fatigue, especially by influenza convalescents, is enjoined. The anti-

tixic and antibacterial treatments are at present beyond our reach, but he hopes that before long we shall be able to have some antitoxic treatment for pneumonia. In a mild, uncomplicated case a cool room and plenty of fresh air are essential. The outdoor treatment may be suitable for hospitals, but is hardly available in most private cases. Milk, two or three pints, and two eggs, with beef tea, in the twenty-four hours, constitute the best diet. Too much milk should not be given. If thirst is complained of, acidulated water may be given, or the milk should be diluted with effervescing water. A dose of castor oil or a pill of calomel and colocynth should be given if the skin is hot and dry. Expectorants are unnecessary. Counter-irritation or leeches are recommended for pain in the side. It is a good rule not to allow the patient to leave the bed until the temperature has been normal for at least ten days. During the convalescence the pericardium and pleura should be regularly examined. Hyperpyrexia calls for the cold bath, sponging, cradling or packing. A hot bath is better for children. Antipyretic drugs are to be avoided. Cardiac failure is the great risk in pneumonia. When the lungs are greatly engorged, the patient cyanosed, and the right heart over-distended, great relief may be given by bleeding, free and rapid, a pint or a pint and a half in full-blooded, healthy, florid subjects. It is contraindicated in the weakly and unhealthy. Stimulants are not ordinarily required, but may be necessary for the aged and feeble and in persons of alcoholic habits. For pain he has not found cold applications either so successful or so agreeable as leeches or counter-irritation. Hiccough is a grave symptom. Hyoscyamin and veronal, which have been highly praised, are both risky remedies. Sleeplessness, according to its cause, must be overcome by the measures recommended for removing pain or reducing temperature. In extreme cases recourse must be had to morphin, but narcotics of any kind must be used with discrimination.

In the discussion that followed the reading of West's paper at the Harveian Society of London the proper use of venesection was emphasized, and in nearly every instance the speakers eulogized the use of leeches for the relief of pain, and all but one spoke highly

of the good of alcoholic stimulants.

Eczema.

Kesteven says that while the theory that eczema is the direct result of specific dyscrasia, or "blood humors," has been dropped, the view that certain pathologic states are frequently the indirect factors in the causation of eczematous attacks may be accepted without cavil on the evidence of the multi-form eczemata we meet with accompanying or following such states. The origin of such eczemata, however, is to be attributed to neurotic action. He applies that principle to the consideration of "gouty eczema," eczemas consequent on uterine disorders and in mental cases, especially imbecility, and even to cases in which a local irritation is the exciting cause. Eczema may thus be divided into two classes for purposes of treatment: (1) That form within, acting through the sympathetic chain of the functional system, may be denoted the ganglionic or idiopathic form; and (2) that arising from external or local irritation, the peripheral or traumatic. For treatment he speaks highly of the application of pure liquid carbolic acid. Tincture of iodine is also useful; or the following, which he describes as a "happy combination":

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- Solution acidi carbolici (10 p. c.) . . . 9

This is applied on line under oil silk. All these applications are painful for a short time, but the pain rapidly subsides, leaving a scab. Suprarenal extract is a good appli-

cation prior to the carbolic acid, as it reduces turgescence and exudation. Greasy applications should be applied only in the dry desquamative stage.—Abs. Jour. A. M. A.

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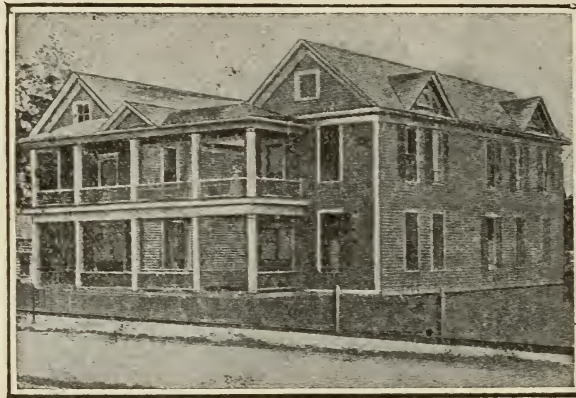
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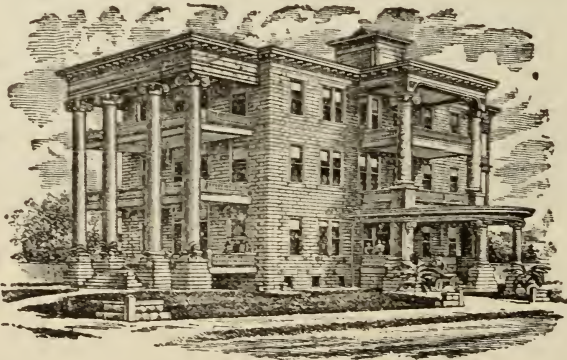
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Go slow in taking sides in controversies. Get the evidence on both sides and then prove things out for yourself. Assume always the position of judge and never that of advocate. **Be an investigator for yourself.**

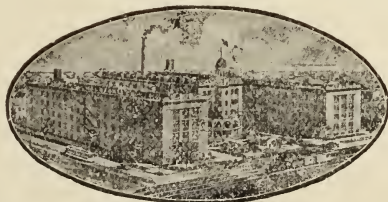
Go slow in accepting negative arguments. They are not worth much, and are always worthless until subject to the crucial test of practical application. Go slow and sure but do not stand still.

Be always receptive to new ideas, but never prejudiced! Look for self-interest everywhere, and discount every man's argument by the violence of his assertion. Financial interests have long arms and do not like to have their methods disturbed or their profits reduced.

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Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

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Anderson.....	W. H. Nardin, Jr....	J. R. Young, Anderson.....	Semi-Mo., 1st and 3rd Mon
Aiken.....	A. Holsonback.....	Harry H. Wyman, Aiken ..	Monthly, 1st Monday.
Bamberg .....	.....	J. J. Cleckley, Bamberg....	
Barnwell.....	A. B. Patterson	L. F. Bonner, Blackville...	
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal....	
Charleston...	John L. Dawson....	A. J. Jervy, Charleston...	Semi-Mo., 1st and 15th.
Cherokee.....	B. L. Allen, Gaffney.....	
Chester.....	W. DeK. Wylie ...	W. B. Cox, Chester	Monthly, 1st Monday.
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Chesterfield..	T. E. Lucas.....	J. W. McCanless, Chesterfel	
Colleton.....	W. A. Kirby.....	L. M. Stokes, Walterboro..	Monthly.
Darlington...	J. F. Watson.....	J. C. Lawson, Darlington...	
Dorchester...	J. P. Mellard	E. W. Simons, Summerville	Monthly, 1st Monday
Edgefield.....	.....	J. G. Edwards, Edgefield...	
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro.	Quarterly.
Florence.....	A. G. Eaddy.....	W. E. Mills, Timmons ville..	
Georgetown...	Olin Sawyer	W. M. Gaillard, Georgetown	Monthly, 1st Friday.
Greenville...	J. W. Jervy.....	W. M. Burnett, Greenville..	Monthly, 1st Monday.
Greenwood...	W. P. Barratt	J. B. Hughey, Greenwood...	Monthly, 1st.
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	
Horry.....	H. H. Burroughs...	J. A. Norton, Conway.....	Monthly, 2d Monday.
Kershaw.....	W. J. Dunn.....	A. W. Burnet, Camden.....	
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	Bi-Monthly, last Monday.
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.	Monthly, 1st Tuesday.
Lexington...	J. W. Geiger.....	J. J. Wingard, Lexington...	Quarterly.
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork....	
Marlboro.....	J. H. Reese.....	J. C. Moore, McColl.....	
Newberry.....	P. G. Ellisor.....	W. E. Pelham, Jr., Newberry	
Oconee.....	D. L. Smith.....	H. E. Rosser, Westminster	
Orangeburg...	W. L. Pou.....	L. C. Shecut, Orangeburg...	Monthly, 3rd Tuesday.
Pickens.....	D. B. Gilliland.....	H. E. Russell, Easley.....	Monthly, 2nd Wednesday.
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia...	Every 2nd Monday night.
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	
Spartanburg...	J. L. Jefferies.....	W. G. Sexton, Spartanburg.	Monthly, last Friday.
Sumter.....	H. M. Stuckey	F. K. Holman, Sumter.....	Monthly, 1st Thursday.
Union.....	S. G. Sarratt	T. Maddox, Union.....	
Williamsburg..	W. S. Lynch.....	J. B. DuRant, Lake City ..	Monthly.
York.....	J. H. Saye.....	E. W. Pressley, Clover.....	Bi-Monthly.

By The Journal of the South BE GIVEN AWAY.

PRIZE OFFER TO SECRETARIES OF COUNTY MEDICAL SOCIETIES

Who Will be the Four County Secretaries Who Will Add
These Handsome Collections of Medical
Books to Their Libraries?

As an immediate incentive for the increase of energy and activity on the part of the Secretaries of the various County Medical Societies in this State, THE JOURNAL is arranging for a series of prizes to be given away at the end of the fiscal year—December, 1908.

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SOCIETY!

GOOD SECRETARY—GOOD SOCIETY; INDIFFERENT SECRETARY—BUM SOCIETY!

We want to see the Secretaries awake and active, because their activity means the success of the County Society; and the more successful are the County Societies, the bigger and better will be the State Association.

HENCE THIS OFFER.

There are perhaps 300 eligible doctors in South Carolina who are not yet members of their County Societies.. Every single one of them should be SYSTEMATICALLY and REPEATEDLY solicited by the Secretary of the Society in the county in which he lives. NOT ONE OUT OF TWENTY of them will refuse to join if properly approached and kept reminded of the advantages of the organization.

HERE ARE THE FOUR PRIZE OFFERS.

1. One collection of these valuable books will be given to the County Medical Society Secretaries in this State who can report, for the fiscal year 1908 (that is from January 1, to December 31, 1908) the largest percentage of increase in his County Society membership.

2. Another medical collection will be given to that Secretary who reports the largest actual net gain in membership for his County Society during the year.

3. A third collection of up-to-date medical works will be given to that Secretary who reports for the year the largest average attendance on regular meetings of the Society in proportion to the total membership of the Society.

4. Still another handsome collection of recent classical medical works will be given to that Secretary who, during the year, outlines the best plan for increasing and maintaining the interest and membership of the County Medical Society. This plan must be gotten up in typewritten form and may be submitted to the Editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal and shall be confined, if possible, to not more than five hundred words.

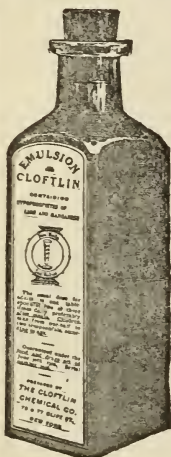
The awarding of these prizes will be in the hands of the Board of Councilors of the Association, and the Editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

Through the courtesy of the publishers, Messrs. J. B. Lippincott Company, of Philadelphia, we have already in hand for part of the above prizes, PIERSON'S ANATOMY, and INTERNATIONAL CLINICS, Series XVII. Volumes I to IV. Another prize will be a full set of Modern Clinical Medicine, published by D. Appleton & Co.

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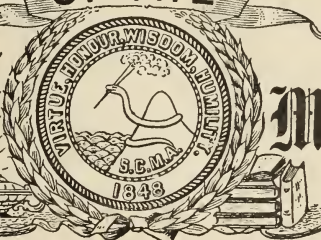
See—"New and Non-Official Remedies"—
Page 44, 3rd Edition.

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OC

The Journal OF THE South Carolina Medical Association



Volume IV.

Greenville, S. C., September, 1908

Number 9

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SEP 24 1908

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The Journal of the South Carolina Medical Association

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VOL. IV.

J. W. JERVEY, M. D., EDITOR

No. 9

SEPTEMBER, 1908

ANNUAL SUBSCRIPTION, \$2.00

The **Journal** is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession, to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the editor by the 5th of each month.

Proofs of all Original Articles appearing in the **Journal** are revised and corrected by their authors. The **Journal** is in no sense responsible for expressions in Original Articles.

Business communications relating to subscriptions and advertising should be addressed to

Journal S. C. Med. Assn., Greenville, S. C.

Editorial

TUBERCULOSIS AND POLITICAL ECONOMY.

Not less than 2,500 people die of tuberculosis every year in the State of South Carolina. Think of it! Think of a civilization and a legislature which permits, in so small an area as this one state, 2,500 of its own flesh and blood to perish annually, helpless victims to a disease that is wholly preventable, absolutely—absolutely, without equivocation—preventable! The medical profession knows how to eradicate it, and stands ready to do its part, even at a sacrifice to itself, but it must have laws to enforce the necessary regulations, and money to enforce the laws as well as to build the necessary sanitoriums and to provide other means of combatting the disease.

Think what a master stroke of political economy it would be to save 2,500 lives to the state annually! Would these not be better than the same number of immigrants? Yet our legislature passes laws and appropriates money for the protection of fish and game, for the health of cattle and stock, and for the

immigration of foreign blood—all of which are excellent things in their way—but passes not a law, and appropriates not a penny for the salvation (which would be practical and certain) of the annual sacrificial offering of 2,500 of its own flesh and blood on the altar of that merciless Moloch—*Bacillus Tuberculosis*!

THE POSTUREMASTER.

It is related that, once upon a time, many years ago, an ass, having a wish to bullyrag and bulldoze his neighbors, put on a lion's skin, and sauntered forth to view with joy the consternation he should awaken. Unhappily for him, however, in the ecstasy of his alter egoism he essayed to roar, with the sad result that is known of all men who are fortunate enough ever to have made ⁺ acquaintance of the late Mr. Aesop. Here endeth the first lesson.

History repeats itself, ever and anon. In its September issue, the *Medical World*, a serio-comic monthly with a large "sample", "marked", and "com-

plimentary" circulation, published in Philadelphia (also in simplified spelling), has essayed to roar. No less than five and a half pages of its invaluable editorial space rever"bray"ates with an attempt at anathema directed at the woful ethics of this and a few other misguided state organization medical journals. To the intelligent reader, of whom it must at least have a few if its toploftical insinuations of immense circulation are to be believed, the answer to its charges is contained in its own article. And we are free to admit that its September issue (of which we have been favored with three separate and distinct copies) at least, must have been very large indeed, judging by the evidence we have received of "sample copies" being scattered broadcast through the land, with this excruciatingly humorous effort carefully marked, and the first page of it having a nicely and neatly turned corner.

It is, of course, not yet within the knowledge of a paper published in Philadelphia that the new postal regulations prohibit the sending, at second class rates, of sample copies to the number of more than ten per cent. of its bona fide paid circulation; but Friends, Romans, and Philadelphians, since ignorance of the law excuses no man, we have grave fear that our brayve caviller may yet be visited by the U. S. Post Office Department for the investigation of such a possible irregularity. How sweet it is thus to know we are surrounded by devoted friends, who, if perchance we transgress, are ever Johnnies-on-the-spot to lead us fondly back into the straight and narrow path of righteousness! Is it not? Yes?

It is said that our humorous friend

calls itself the Medical World because it fears if it call itself the Medical Universe somebody might take it seriously. The idea! As if anybody would! We doubt if anybody ever did—that is, for more than one year. Of course there are lots of folks who will try anything once! Yet our friend blushingly intimates that it has a bona fide circulation of 30,000, and sighs for the cost of printing it! O tumid imagery, would not that make you scream! The very minute we can safely release our hold on our jellying hypogastrium we shall search our clothes for the price of a new bonnet, which we shall offer to wager with the jocular old lady from Philadelphia that she has not as many as 10,000 paid subscribers—that is, paid up to date, or within four months, as the postal regulations require. We shall further offer to wager our unwitting pulcinella that she has not as many as fifty paid subscribers in the state of South Carolina.

Yet the Medical World essays to direct the affairs of the organized physicians of this state! Is that humor, inefficient cerebration, or impertinence? The last, certainly, whatever else it may be, and a little bird tells us that the in-born pride of the doctors of South Carolina will not tolerate this "funny business" from a rank outsider, and that maybe there will be no renewals of subscription or new subscribers from this state on the Medical World mailing list for some time to come. The jocose World will learn some day, perhaps, that this Journal is owned by the doctors of South Carolina, and run to suit themselves. But see our merry posturemaster frisk along; back to the banquet board of badinage! With a spiritual cleanliness that might not offend the olfactories

of the crassest pachyderm, the World insinuates that the circulation of this Journal is but 800. Inveterate humorist, indeed! O rare, Joe-Milleresque jack-pudding, this, too, we fancy we must regard but simply as a joke, though it would properly be characterized by a slightly less elongated and somewhat less attractive word!

But the grand climacteric of this convulsive prodigy of wit appears when the World says, with that utterly overwhelming mock-seriousness so characteristic of its incomparable and irresistible drollery, that it would prefer not to have any advertisers at all in its pages (incidentally, so should we if we had the tout ensemble it has) and that it would make more money if it carried no advertising at all! This being true, of course it means that it is carrying its twenty-odd pages of advertising at a loss, which is a very, very, very generous thing to do. When one sees the awfully bum lot of advertising contained in those pages—a few good-pay, some poor-pay, and some never-pay; not to question the reliability of many of the articles advertised—one can well believe that on the average maybe it really is carried at a loss. But no doubt this is part of the fun of this very singularly funny periodical.

To such of our readers as will now be seriously inclined we wish to say that we anticipated the silly charges of the Medical World, unsupported as they are and ever will be by even the slightest sign of argument or apology therefor. Their refutation and our justification, though needless, will be found fully set forth in the editorial columns of our issue of June last. We have neither the inclination nor the space to repeat.

For the benefit of those who wish to know, we will say that our bona fide circulation is 1200 copies per issue, and that the local interest, added to the fact that most of our readers are part owners in the Journal, combine to make its pages peculiarly valuable for advertising purposes—and we are not giving this space away, except once in a while when we advertise our contemporaries in these columns, and even then, of course, we are repaid in grateful appreciation. Several other state journals have adopted the same policy we have for the patronage and support of advertisers. It is a wholly just, decent and ethical policy, and still more journals will adopt it. Our advertisers will certainly never object to it; and as for those advertisers who are not represented in our pages—it's none of their business. There have been some manufacturers in this country who, for many years, have made the profession dance. The organized profession is now merely asserting its independence. Thank you! For the pleasure it may convey to some of our readers, we may add that in the past three weeks we have had more inquiries for advertising space in the Journal than ever before in its history.

And now for our "in conclusion": The World unselfishly and patronizingly admits that we are young and inexperienced. May we be allowed to suggest, in the most delicate manner in the world, that that is at least better than being old and inexperienced?—this thought being prompted by the bald fact that someone we know is evidently unaware that the amenities of polite journalism require the elimination of names and personalities in the course of editorial controversy. We may explain, as it seems to be necessary, that in our June issue

we alluded by name to the president of the American Medical Editors' Association, for he it was and not the editor of the Medical World, with whom we had soft argument. The World has butted in, we think in fashion rather rude.

But it is really very funny, now isn't it?

"BRAZENRY."

The Cincinnati Lancet-Clinic for September 5th. has this to say: "The Journal of the South Carolina Medical Association has been brazenly advocating that if the manufacturer fails to avail himself of the advertising pages of the state journal the physician should not prescribe his products." Were we a politician we should hurl the accusation back into the Lancet-Clinic's teeth, and with imprecations mutter "false as hell"—the accusation, not the teeth. But we are not a politician, so we merely remark that this Journal said nothing of the sort. What it did say was that, other things being equal, it is the duty of the owners of this Journal to give preference to our advertisers, and anybody who has not sense enough to see the equity and decency of this proposition is, in the opinion of this Journal, a bally ass. Our whole aim has been, and will continue to be, to use every just and reasonable influence to bear for the legitimate preference of our advertisers. Some independent (commercial—published-for-profit) journals cannot bring this vast and valuable influence to bear in favor of their advertisers, and in their jealousy and fear of losing what advertising they have they cannot contain themselves in temperate speech nor in the bounds of truth, it would appear. Certainly none of our advertisers have objected, or are likely to object, to our policy; and as to those manufac-

turers who do not think it worth while to advertise in our pages, they not only can have no consistent kick coming, but we really do not consider it is any of their business. Any manufacturer whose products we believe to be honestly made and reputably marketed can get representation in our pages, and we stand ready to endorse to this extent every advertiser who now appears or will appear herein. Will the Lancet-Clinic, or any other published-for-profit journal, risk a like guarantee of all their advertisers? Hardly. But speaking of "brazenry": The Lancet-Clinic is one of that delectable class of publications, which, before the new postal regulations went into effect would mail its issues, unordered and unsubscribed for, to some innocent professional man's address, for the purpose, we can only presume, of padding its mailing list. and would then try to take advantage of the old postal regulations to make the unwilling receiver of the unsolicited publication pay for the same. We stand ready to make affidavit to this fact. for the Lancet-Clinic tried to run the game over us, personally, and the subsequent correspondence happens to be in existence to prove it.

Do we hear any further remarks about "brazenry"?

ADVERTISING AND USE OF PROPRIETARY PREPARATIONS.

The following frank dignified and manly statement of its position is uttered by the Journal of the Medical Society of New Jersey, for September, 1908. It is so thoroughly in accord with our own views, expressed from time to time, and according to our present lights, that we reproduce it in full:

This Journal yields to none in loyalty to the American Medical Association and

in appreciation of the good work that the Council on Pharmacy and Chemistry has done and is doing in weeding out worthless preparations, and giving information to the general practitioner, who has not the time, and may not have the ability, to investigate for himself. We also believe that our State Society journals should not be so eager to meet the expenses of the journals by accepting advertisements of unethical or questionable preparations. But we cannot endorse the proposition to bind ourselves to admit nothing in our Journal that the council has not passed upon or has hastily decided as questionable, or condemned. We have been pained to see severe condemnation of preparations concerning which there is decided difference of opinion among men who are among the most ethical, and a rather hypercritical spirit, in the condemnation of the firms that manufacture those preparations, which we believe is not only improper, but tends to destroy the trust-worthiness and value of the condemning judgment passed upon them.

We are fighting a gigantic combination and should do so in a manner and spirit that will not alienate any who desire to help in the fight, even if we do not approve all their methods of conducting business. When their methods are proven to be dishonest or dishonorable and their preparations are found to be unethical, it is, we believe, the proper time to dispense with their help and to refuse to advertise or prescribe their preparations. Let us not be misunderstood. We shall loyally support the A. M. A. Council and as a rule—with very rare exceptions—shall shut out from our advertising columns what the Council has condemned; but, recognizing the fact that the ablest and best of men—even chemists—make an occasional mistake, there may possibly be an exceptional case. When, on presentation of proof concerning a preparation, satisfactory to our Publication Committee, an advertisement may be admitted of a preparation that has been disapproved, or has not yet been acted upon favorably by the Council. We are uncompromising-

ly opposed to the advertising of any nostrum in this Journal.

We believe in unifying and properly organizing the profession and to a certain extent centralizing the power to outline and direct the general policy and conduct of the State and County Medical Societies. But there should be no arbitrary exercise of power that would crush out a proper spirit of independence of thought and action. We believe that tends toward demoralization and destruction of the unity and advance of the profession. This Journal will in the future as in the past stand for the maintainance of ethical principles—in the admission of advertisements as in all other matters, but we must claim and insist upon exercising an independence that we believe to be right in our relations with other societies and reputable manufacturers of ethical preparations.

We desire at the same time to express our belief that for the best interests of the members of the profession and their patients, it would be far better for the physician to prepare his own formulae and send them to some reputable druggist, than to prescribe proprietary preparations containing several ingredients that may not fully meet the requirements of the cases in hand. He should certainly avoid using all preparations whose active ingredients are not definitely made known to him, for that savor of empiricism rather than of the practice of scientific medicine.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

The section meetings of the International Congress on Tuberculosis will take place in Washington the week beginning September 28, and the Exhibition will continue for the entire three weeks, from September 21 to October 12.

The program for the week includes two plenary sessions, one on Monday, September 28, at which it is hoped that President Roosevelt will preside; and the other (probably) on Saturday, Oc-

tober 3. In accepting the presidency of the Congress, President Roosevelt promised that if it were impossible for him to preside at the general sessions he would delegate Secretary Cortelyou to represent him. Each of the seven sections into which the Congress is divided will hold two sessions daily, except on the days on which the plenary sessions will take place.

In connection with the Congress a series of lectures is to be given in Washington, and in other cities by distinguished foreigners.

The following invitation is issued to the doctors of South Carolina:

**The International Congress on Tuberculosis, Office of the Secretary-General,
Suite 714 Colorado Building,
Washington, D. C.**

The representative medical men of South Carolina are invited to attend the International Congress on Tuberculosis and the Exhibition to be held in Washington, September 21 to October 12, 1908.

You may be an Active Member with all the privileges of membership including the published Transactions in four large volumes, for the membership fee of \$5.00.

You may be an Associate Member, having the privileges of wearing the badge, attending all the sessions, participating in the social functions, and having reduced railway fare, but without the right to vote, on payment of a fee of \$2.00. An Associate Member does not get the published Transactions. The price of the Transactions will be doubled after the International Congress adjourns. The Transactions of the British International Congress on Tuberculosis are now worth three times what they cost in 1902.

If you cannot be either an Active or Associate Member, come to the Congress anyhow. The Exhibition will be open to you, and all of the evening Lectures. You will be welcome as an auditor in any

of the seven scientific sections, and you will have a chance to see and hear many famous men whose names you know so well that you can hardly let them return to their distant homes before you have seen and heard them. Robert Koch will be here, and Landouzy, of Paris, Spronck of Utrecht, Tendeloo of Leyden, Philip of Edinburgh, Coni of Buenos Ayres, Flugge of Breslau, Bang of Copenhagen, Vargas of Barcelona, Marchiafava of Rome, Egger of Basel, Wladimiroff of St. Petersburg, Kayserling of Berlin, Calmette of Lille, and many other famous men, very few of whom will ever come to America again.

(Signed) John S. Fulton, Sec'y-Gen.

Editorial Notes

He who toys with Venus must often toil with Mercury—a piece of wit which first appeared, we believe, in the reign of Queen Elizabeth.

We hardly think the jealous bluster of a few very mediocre commercial medical journals will bring about any great change in the policies of the various organization journals. Not so you could notice it, anyway.

Nitroglycerin is not a cardiac stimulant, though many physicians have come to employ it as such. It relieves the heart of a certain amount of labor by relaxing a high arterial tension. This appears to be its only physiological effect, and it is therefore useless except in such a condition.

The following excerpt is from a letter addressed to us by one of the brightest young surgeons South Carolina has produced:

"It is a pleasure to me to notice the steady improvement of the Journal in all respects, and especially in the inter-

est and genuine scientific value of its original articles."

We think, too, that the establishment of the Journal has been a great stimulus to our members for the preparation of careful and thoughtful essays and scientific reports. If it had done no more its publication would be well justified.

It is greatly to be regretted that Dr. J. H. Saye, of York, will not be in the next General Assembly. He was among the strongest and most influential members of the legislature, and has always been a consistent and energetic friend of every measure for the promotion of the public health and the advancement of state medicine. We hope he may not retire permanently from the political field, for it is upon such men as he in legislative halls that the advancement of preventive and state medicine in the future must, to a very great degree, depend.

We ask cooperation in building up the business department of your Journal by giving your support to those who advertise in it. It is very little trouble to mention in your letter to the firms from whom you purchase that you saw their advertisement in the Illinois Medical Journal. Likewise it is only fair that you should give your advertisers a fair share of your business. We cannot obtain new business unless we can assure our advertisers that it pays to take space in The Journal. It is entirely a business proposition with them, and it lies with you, the readers and likewise owners, to see that it pays to advertise in the Illinois Medical Journal. Be fair, and when you desire to purchase any article give our advertisers the preference if they can show you that their goods are equal to or better than you can buy elsewhere. The greater the number of advertising pages the greater are the possibilities open for broadening the scope and work of The Journal. It costs con-

siderable money to publish and print a publication such as this one, which you are obtaining at a very nominal cost. Your cooperation in the business department, as well as in all other departments, is not only solicited and desired, but indeed is one of your privileges.—Illinois Med. Jour.

Thus falleth the splendid organization medical journal of Illinois from grace in the eyes of the whole uncivilized Medical World (of Philadelphia).

Once more we appeal to the secretaries of the county medical societies to send the Journal accounts of their meetings. There are very few dead societies in this state, but nobody would ever guess that happy fact from any apparent external evidences of life. Just as you, gentlemen of one society, like to hear what your colleagues in another society are doing, so the gentlemen of the other society enjoy hearing what you are saying and doing. But unless your secretary is an earnest faithful worker your society is likely to earn the title of sleeper. Can you afford to have it so? Besides, one man cannot make a whole Journal attractive, and we crave the support which is really due the Journal. Once more we plead with the secretaries to do their duty.

We reproduce the following editorial from the September issue of the California State Journal of Medicine, because it shows very clearly the trend of thought among live and progressive organization members. The circular letter referred to is the supplement we sent out with an issue of last November urging our members to give preference always to our advertisers.

A Good Example.

Elsewhere we print a circular letter which went to all members of the South

Carolina Association, in their journal, and it is well worth your careful consideration. Do not the same conditions apply to your own Journal? There is no earthly reason why reputable manufacturers whose products we use should not support your own Journal if they do any advertising at all. And most of these manufacturers do advertise in the privately-owned journals of the various states. Why do they advertise in these journals and not in the state journals? Every state association journal has a larger bona fide circulation within its state than has any privately-owned journal. It can not therefore be the lack of circulation which influences the advertiser. What is it? Can it be that the manufacturers do not care to aid in making permanent the state journals? Can it be that they would rather support the journals whose reading pages, as well as whose advertising pages, they can buy? Can it be that they have some hope that through lack of support the state journals will not live and the present movement for reform will stop? Why not reciprocity? If we support a manufacturing house, why not insist that that house support your Journal? It places its advertisement in journals which are fighting against our campaign for honesty in materia medica; why not place it in your own Journal which is fighting for honesty? Every honest manufacturer who is really dealing in good faith with the medical profession, and who advertises at all, should support the journals representing the profession by advertising in them; if he does not, but rather chooses to advertise in the published-for-profit medical (?) journals, what is the reason? There is something very peculiar about this; should we not try to find out what it is?

"The public health is the foundation on which repose the happiness of the people and the power of a country. The care of the public health is the first duty of a statesman."—Lord Beaconsfield.

Original Articles

THE VALUE OF X-RAY PHOTOGRAPHY IN THE TREATMENT OF FRACTURES.*

BY S. C. BAKER, M. D.,
Sumter, S. C.

(In illustrating this article prints III, V, VI, VII, VIII, and IX had to be omitted on account of being too faint to make good plates).

The term "X-ray photography" is not technically correct, in that the X-ray pictures are not strictly photographs, but records only of the shadows cast by the bones, and to a less degree by the other tissues interposed between the X-ray tube and the sensitized plate. The object of this paper however is not to enter into a technical discussion of X-ray and skiagraphy but rather to exhibit a number of these shadow-graphs and allow them to speak for themselves as to their value in the diagnosis and treatment of certain fractures, and this is particularly so where the injury is near a joint or is obscured by the swelling of the part.

In the great majority of cases the surgeon's fingers, together with visible deformity, will give him all the information necessary concerning the nature of the injury and the indications for treatment, but in a certain percentage of instances, especially where one fragment is very short and sufficient leverage cannot be obtained, although diagnosis has been made, reduction accomplished and splints applied, the bones do not remain as placed. In these cases the X-ray picture finds its peculiar indications, and when combined

*Read at the annual meeting of the S. C. Medical Association, at Anderson, April 15-17, 1908.



I.



II.





IV.



X.

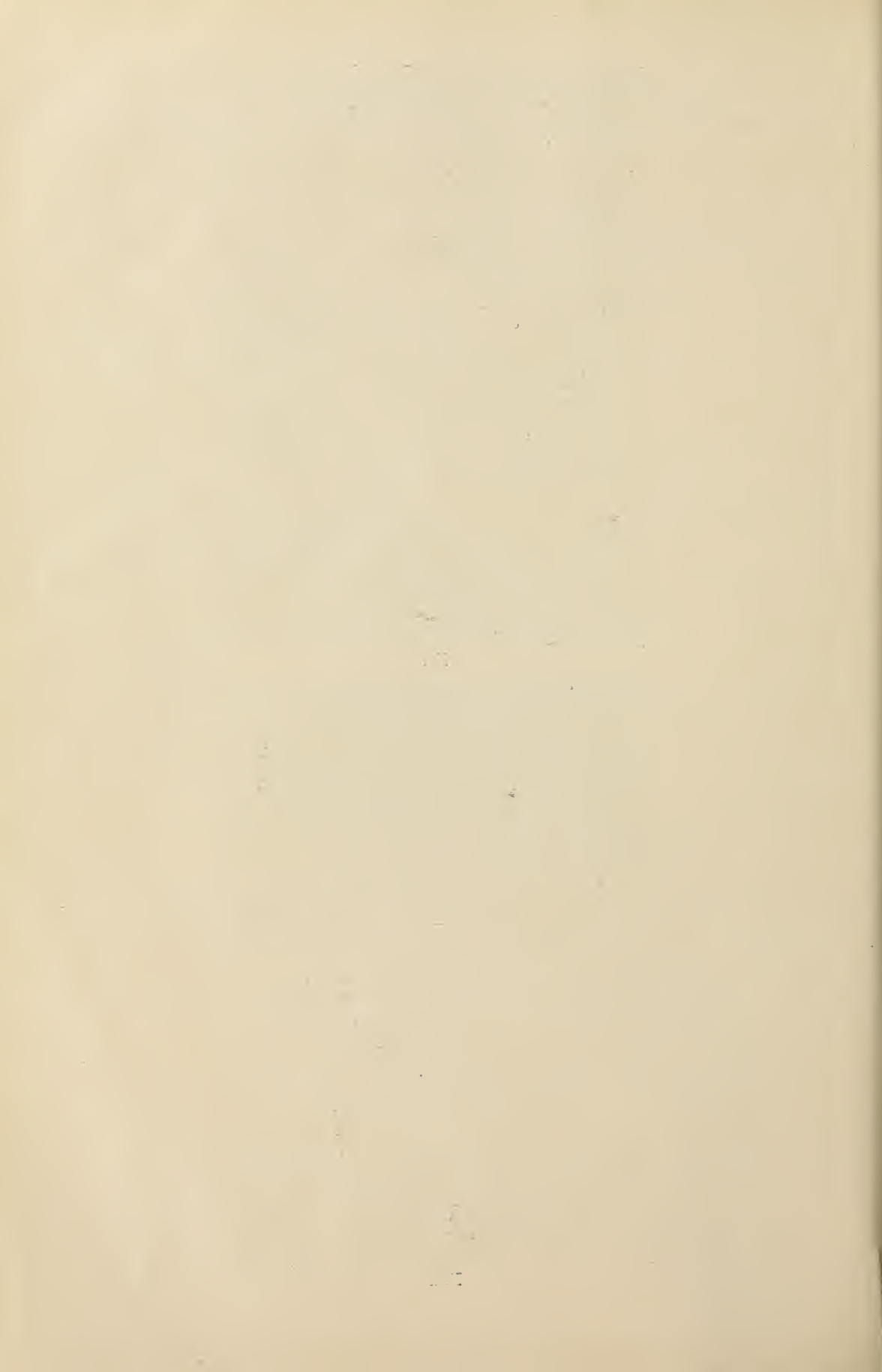




XI.



XII.



with the use of the fluoroscope renders re-examination easy.

I shall only say further in exhibiting these pictures that in practical work it is always more satisfactory to gain your information from the inspection of the glass plate upon which the picture has been recorded, rather than to have a print made as here shown. This is for the double reason that it is more expeditious and because the idea of reality is somehow more vividly impressed when looking through a plate. For purposes of illustration here, however, I have had these prints made and mounted because they are more easy to carry and to handle, glass being heavy and fragile.

Case 1: S. E., a girl aged 10 in falling from a horse sustained a fracture of the lower end of the humerus one inch above the elbow, as shown in print I. The sharp spicule showing in the upper fragment almost perforated the skin in front of the joint. By extension, counter-extension and manipulation the deformity was apparently easily reduced and kept in place by a straight anterior and posterior splint with a pad over the end of the upper fragment to prevent riding up. Print II shows the result after fingers were removed and splints fixed by bandaging, and makes plain how much in error I was, and would be likely to remain but for the information given by the X-ray. Print III shows the right angle splint immediately substituted, the pad over the lower extremity of the upper fragment being still retained, and Print IV shows the ultimate result as taken about three months after the injury. The patient has perfect use of arm and joint in every position, with no apparent deformity, though she frequently dresses with short sleeves coming only half way down to the elbow. The X-ray however, true to the last, shows a bony protuberance at the site of fracture with a slight deviation from the proper anatomical alignment. The functional result illustrates Nature's power to accommodate herself to altered conditions.

Case 2: Prints V and VI show two vari-

ties of injury at the wrist joint that to the naked eye and to the touch give rise to the same deformity, but whose true nature is revealed at once by the X-ray. Number V shows a fracture of the lower end of the radius extending into the wrist joint, a true Colles' fracture, occurring in a young lady who sustained a fall upon the outstretched arm while learning to skate. The deformity has been corrected as far as possible and the forearm and hand put up in antero-posterior splints. The pin and knots of the bandage are easily seen. The result has been satisfactory.

Case 3: Number VI shows a separation of the epiphyses of the radius and ulna, which had produced a deformity like Colles' fracture. Reduction has been accomplished and the parts held by anterior-posterior splints as in the foregoing injury. The injury occurred in a boy of ten years in falling from the back of a calf which he was attempting to ride. Recovery, both functional and anatomical, has been perfect.

Case 4: Numbers VII and VIII show a compound fracture of the lower extremity of the femur caused by a shot from a 38 calibre pistol ball. The bullet has passed entirely through the bone and splintered it into a number of fragments. The ball is plainly seen. These pictures have been taken from two positions, one from the front and one from the side, so as to locate the ball. The increased size of the shadow cast by the ball in number VII shows the effect that the distance of the plate from the object depicted has upon it, the shadow being larger the further the object stands from the plate.

Case 5: Number IX shows the site of an ununited fracture of the shaft of the tibia four months after occurrence. The patient is rachitic and non-union is shown not to be the result of lack of opposition. Slight cloudiness around the site of the fracture shows the small amount of callus thrown out. Friction of the ends of the bone by encouraging the patient to walk on crutches and bear a little pressure on the foot while the leg was encased in plaster, together with the administration of tonics and forced feeding, finally brought about sufficient reaction in the parts to gain the desired union.

Case 6: Number X shows fracture in the middle of the humerus in a very muscular

subject, and illustrates the considerable deformity caused by muscular contraction.

Case 7: Number XI shows a fracture of the upper extremity of the femur just below the trochanter, with resulting displacement. The picture was taken something over two months after the occurrence of the injury. The case was treated in the country with the usual extension and counter-extension apparatus. After two months of this with retention in bed, non-union was found to exist. The patient was brought to me about March first and an X-ray picture taken at once. A glance shows the utter impossibility of union in the position the bones then occupied, and there was so much contracture of muscle that no amount of extension or manipulation could gain proper apposition. Incision and wiring of the fragments was decided upon, and as soon as a large bedsore near the proposed site of the incision could be cured the operation was performed. The jagged fragments were squared off and the ends brought together as shown in print XII. Extension and counter-extension were then applied by elevated bed-foot, pulley and weight, and the site of the incision and fracture put up in aseptic dressing and steadied by pasteboard splints and sand bags. Though the apposition was perfect when the patient left the table, it is evident that the fragments became disarranged later, probably in the daily use of the bed pan. I was afraid at the first, however, to use a more fixed dressing until I could be sure there would be no suppuration in the wound. On the eighth day I inspected it, found it perfectly healed and after correcting displacement I then put on a plaster of Paris dressing, extending from the lumbar spine to the ankle, at the same time keeping up the extension by means of the pulley and weight. I have not since that time, now about two weeks, taken it down nor attempted to make a picture, for this last would not have been satisfactory through the plaster covering. I am, of course, awaiting with much interest until a sufficient time shall have elapsed to justify me in removing the dressings completely and seeing the final result.

It is an accepted fact, I think, in the treatment of fractures, that the best

results are obtained where frequent inspection to detect possible displacements are made. To remove bandages and splints for this purpose is liable to disarrange a properly set limb, and is always more or less painful to the patient. The X-ray permits frequent re-examination without pain or injury. In such cases as that depicted in prints XI and XII, where recovery without operation is impossible, it prevents valuable loss of time and makes sure what we hope to accomplish.

ADJUVANTS TO NUTRITION AND FRESH AIR IN THE TREATMENT OF LARYNGEAL AND PULMONARY TUBERCULOSIS*.

BY W. PEYRE PORCHER, M. D.,
Charleston, S. C.

Laryngeal tuberculosis is so frequently complicated with the pulmonary variety that it is almost impossible to speak of the treatment of the one without including the other. It is generally conceded that the influx of tubercle bacilli in tuberculosis of the respiratory organs is by way of the nose or mouth; hence it is of primary importance that the integrity of these organs should be constantly maintained. If a patient was found to have nasal obstruction and consequently unable properly to purify, warm, and supersaturate with moisture the inspired air, it would be as unreasonable to overlook such a condition as it would be to overlook a digestion already weakened and allow the individual to continue to cram food into the stomach. Again, if a patient was found to have no daily run of temperature but was bringing up sputum more or less impregnated with tu-

*Read before the S. C. Medical Association at Anderson, April 15-17, 1908.

bercle bacilli, the use of tuberculin or any vaccine which might ameliorate these symptoms would certainly be warranted. The object of this paper will be to call attention to a few of these adjuvants to fresh air and nutrition in the treatment of laryngeal and pulmonary tuberculosis, and to cite cases in substantiation.

The first condition to which I shall ask your attention is the frequency with which nasal obstruction and other causes of impaired respiration are found in conjunction with pulmonary and laryngeal tuberculosis. In this connection I will read you an abstract of an article from the New York Medical Journal, entitled:

"Nontuberculous Intranasal and Post-nasal Abnormalities: Their Recorded Association with Tuberculosis." By W. C. Rivers.

"The commonest abnormalities are those simple ones leading to nasal obstruction (such as septal deformity, turgescence, and hyperplasia of the nasal mucous membrane) and also atrophic conditions. All writers agree that abnormal intranasal conditions are more common in consumptives than in the nontuberculous. The oral cavity, or an abnormal nasal mucosa, cannot be expected to perform the complex physiological functions requisite to prepare the air for the lungs. Not one writer doubts but that the intranasal precedes the pulmonary condition. The evidence seems complete that impairment of nasal respiration, more probably, perhaps, than any one of its many sequelae, is a definite predisposing cause of pulmonary tuberculosis. Most authors pronounce for direct pulmonary infection from inhalation of infiltrated air. So that rhinology should play an important part in the prophylaxis and treatment of consumption. The simple catarrhal laryngitis common in consumptives is dependent on intranasal conditions and not solely due to the exertion of coughing. Rhinological treatment in such cases

may be the means of averting tuberculous laryngeal disease. As to prophylaxis the application to the physically selected classes and to school children is obvious."

In this connection I will report the case of a lady who came to me before I had had any experience with tuberculin, and which illustrates the benefit resulting from the restoration of the normal calibre of the nose. She had an intractable cough, tubercle bacilli were found in her sputum and she had marked obstruction of one nostril. I contented myself by operating for the removal of the obstruction in the nose and injecting into the larynx some essential oils which were at that time being strongly advocated for tubercular laryngitis. Her improvement was marked and lasting. In a recent report of her condition she stated that she regards the operation on the nose as being more conducive to her recovery than any other treatment. I have heard still more recently that she was seen jumping rope to reduce her increasing corpulency.

We must remember that when any considerable narrowing of the nasal calibre is found, whether due to obstructions or other causes, the liability to frequent and repeated attacks of rhinitis is greatly enhanced; that the more frequently these attacks recur the more chronic the inflammatory action in the throat resulting therefrom becomes, and the greater the liability to breaking down of lung tissue from the cough. It has been established that abrasion of lung tissue always exists when you have cough with a rise of temperature and tubercle bacilli, hence these three symptoms are necessary to constitute pulmonary tuberculosis.

A very important but, much overlooked adjuvant to the treatment of

tuberculosis is counter-irritation, as has so often been illustrated by the well known effect which a fistula in ano has. Nature cannot support two inflammations. Shakespeare tells us that "one fire burns out another's burning, one pain is lessened by another's anguish," hence as one pus-forming center will dry up another, so fistulous tracts in tubercular subjects have been allowed to remain open for prolonged periods.

Among the important adjuvants to the treatment of a tubercular cough and I might add to any cough is the use of a nebulized spray of mentholated albolene with eucalyptol. The simple mechanical lubrication of the respiratory tract, outside of any medicinal effect, seems to aid greatly in ridding the tubes of accumulated sputum. Therefore, thorough daily inhalation from a good nebulizer should be used, care being taken however that the inhalation be not pursued too long lest it finally act as an irritant and keep up a discharge which might otherwise cease entirely.

Next to the local manifestations of the disease and that which upsets the patient more even than the cough is constant indigestion. Obstinate constipation, loss of appetite alternating with laxity of the bowels require the most judicious care. The use of large quantities of milk, eggs, chocolate, or other concentrated foods will produce indigestion in most constitutions, and the free use of purgatives will not be sufficient to keep the bowels open. For this purpose I have found a happy effect from the use of tr. aloes, tr. nuxvomica, tr. physostigma, tr. belladonna, with fld. extract stillingia sylvatica. A mixture of these ingredients seems at least to keep up the action of other

purgatives without injurious effect. Fifteen or eighteen raw eggs a day is enough to disgust a healthy stomach, and we must remember that it is not the amount of food that one takes in daily, but the amount which the patient digests and assimilates, which helps him. Too much and too frequent feeding destroys the only hope of the patient, which is his power of digestion.

In a most excellent monograph on "Tuberculosis of the Larynx," A. B. Thrasher of Cincinnati says, (see *Lancet-Clinic*, July 25th, 1908): "Tubercular laryngitis is certainly difficult to handle and there is a wide difference of opinion as to the benefits of local treatment." Sendziak (*Journal Laryngology*, 1901) after enumerating a large number of medicines for topical application says: "Having tried almost all of the above remedies for topical application I must say that the greater number of them might be removed without being missed." Freudenthal (*Journal A. M. A.*, 1901) says in regard to the lactic acid treatment, "that it ought to be dispensed with as antiquated and barbarous torture," while of curettage he says that "patients without it are as well off or better off. * * * *"

"There is one positive remedy which has not yet had its fair trial and which bids fair to outdo them all; I refer to the therapeutic value of rest in the treatment of laryngeal phthisis. Rest has a double value, being of use locally as well as constitutionally. W. Peyre Porcher has contributed a thesis on 'Rest in the Treatment of Laryngeal Tuberculosis' (*Journal American Laryngological Association*, 1905). He says that 'Rest either partial or complete should be paramount in all cases.'

"This method is diametrically oppo-

site to that taught twenty-five years ago. Then horseback riding, mountain climbing, and deep breathing exercises were advised for such patients as were able to take them. Now we know that such exercises increase tissue waste, elevate the temperature, and cause a more active growth of the tubercule bacilli. When there is pyrexia rest is the most rapid and sure way of reducing the temperature.

"Of course the increase of temperature means increased inflammation from the growth of pathogenic organisms, disintegration of tissue, and retrograde changes. The value of rest has long been known and utilized in the treatment of other forms of disease, and especially in surgery. Who has not seen the value of rest in an inflamed joint or a broken limb. An inflamed larynx or lung is equally benefitted by rest. There are but few incipient cases where rest in the open air will not bring the temperature down to normal, and this too without the depressing effects of antipyretics. Rest of the larynx possesses especial value. It is suggested as Nature's way of giving relief. Dysphonia and aphonia compel rest from phonation and the symptom is of great value as an early indication of the more serious condition and should be enforced at least until the voice is normally clear."

In regard to the use of tuberculin, Dr. Thrasher says: "There are other methods by which individual cells are stimulated to protect themselves. I have reference to the administration of tuberculin for tubercle or the various antitoxins for the different pathogenic organisms. By such means the cells grow more nearly immune or the opsonic index is so raised as to enable the phagocytes to destroy these disease germs. In some cases it is difficult to

increase the resisting power of the cells on account of the lack of assimilation of food. Then tuberculin may be used to increase the power of the phagocytes. In this way many cases may be tided over an otherwise fatal point."

There is no drug in the world which can do more good to a patient if properly used, or more harm if improperly used, than tuberculin. There are certain rules in regard to it, and the first of these is "no tuberculin with temperature," and the second is "never to produce a reaction from it if it can be avoided." Of course this implies that the patient must begin with the weakest dose in order to get him accustomed to it without producing any reaction. Pure tuberculin is diluted with a one-half of one per cent. carbolic acid with distilled water. The first solution is made by adding nine c. c. of this carbolized water to one c. c. of pure tuberculin. This would contain 100mg. per c. c. Of this solution one c. c. is added to nine c. c. of the carbolized water, which would contain 10mg per c. c., forming solution No. 2. Of this solution one c. c. is added to nine c. c. of the carbolized solution which would contain one mg per c. c. These solutions can be diluted still further until the dose of 1-10,000 of a mg. is reached which is given to children. A syringe containing exactly one c. c. is used. Injections are given daily at first, afterwards every other day. We begin with one mg. for the initial dose and increase it by slow increase until the No. 2 solution is reached, and then if no reaction is produced we increase the strength up to the pure solution. This must also be diluted when it is injected for fear that an embolism may be produced. Of course very much more could be said about tuberculin as to test

injections, reactions, etc., as well as the different forms of tuberculin. P. A. Ringer (Journal A. M. A., May 2nd, 1908) in an article on "Tuberculin in Pulmonary Tuberculosis," draws the following conclusions:

"1. Tuberculin is the most valuable adjuvant to fresh air, rest, good food we possess in the treatment of pulmonary tuberculosis.

"2. Denys' tuberculin appears to be best suited to establish an active anti-toxic immunity—the type of immunity capable of doing the greatest good.

"3. Tuberculin is indicated in many types of cases, and in the hands of a competent administrator will do no harm.

"4. Reactions are often overlooked; they are not to be desired, and when frequent or violent are distinctly harmful to the patient.

"5. Dosage should be at first infinitesimal; increase should be gradual. The word haste has no place in tuberculin therapy.

"6. Time and tolerance bring success in the treatment by means of tuberculin.

"7. Tuberculin should never be used save in conjunction with strict hygienic and dietetic measures."

As to the class of cases upon which tuberculin acts most favorably, the best, of course, are those incipient cases which are taken in hand at first symptoms, and the next are those chronic cases in which there is still positive sputum but no temperature. Rosenberg considers that pains in the bones, joints, drowsiness, and a generally good-for-nothing feeling, accompanied by any rise of temperature as surer evidence that the individual's limit of toleration has been reached, than a simple rise of marked degree. In an abstract of an article on "Tuberculin Treatment of Tubercu-

losis in Children," the New York Medical Journal quotes Riviere as follows:

"Riviere, as the result of his own experience, has found tuberculin in suitable doses an almost certain remedy in localized tuberculosis. Patients with tuberculosis accompanied by symptoms such as phthisis and tuberculous peritonitis are certainly benefitted in most instances. Nearly all patients with tuberculous peritonitis improve rapidly. One patient going persistently down hill for months began to improve directly tuberculin was given and is now well. General symptoms and a fluctuating or high opsonic index are in themselves no bar to tuberculin treatment. The most unpromising condition is marked wasting. The effect of tuberculin on secondary infections is remarkable. Riviere strongly urges its wider use on modern lines in children. From personal experience he considers from one twelve-thousandth to one eight-thousandth of a milligram suitable for a child of one year; one four-thousandth of a milligram for a child of 5 years, and one three-thousandth for children of 10 or 12 years, as average doses."

Personal experience must always exert a preponderating influence in establishing conviction in regard to any given proposition. I will, therefore, give a brief outline of a personal tussle with the tubercle bacillus. Difficult respiration from nasal obstruction had gradually grown more pronounced up to ten or twelve years ago, when I submitted myself to a succession of operations for the restoration of the nasal calibre. Owing to unfortunate circumstances, I have been peculiarly subject to repeated attacks of cold, sore-throat, etc. These attacks, however, did not take on a serious character, nor did I lose flesh to any great extent until one year ago, when I caught a severe cold which ended in purulent sputum containing tubercle bacilli. There was fever, severe constipation, and considerable loss of flesh.

I was treated with tuberculin and an inhalation of mentholated oil after the temperature had disappeared, with the result that the bacilli disappeared first; next the cough; next the sputa; and finally I began to regain flesh rapidly, and now in all respects entirely restored, weigh more than I ever have done, and am able to take any amount of physical exertion.

I wish especially to call your attention to two cases whose recoveries under the influence of tuberculin have been almost equal to a resurrection from certain death. The first is a patient whose history is well known to most of us here. Coming from a tubercular family, the disease had lasted about five years. In spite of visits to Arizona and New Mexico he had developed the usual symptoms, fever, hemorrhage, pleurisy, etc. His apparent recovery, or the subsidence of the disease under the influence of tuberculin appears to be little short of miraculous. The next case was that of a man who after a prolonged stay at the North was advised to return to his home in the sunny South "damn quick", evidently with the idea that his days were numbered. He was aphonic, sputum positive, fever, cough, etc. Fortunately, the temperature subsided and he was given tuberculin with the inhalation above alluded to, with the result that in about six weeks he regained his voice and is at present doing longshoreman's work, although he discontinued treatment long before he was told to do so. These three cases are alone enough to warrant the further use of the drug. Unfortunately, where there is continuous temperature running for months, tuberculin appears rather to aggravate the trouble than to produce any benefit.

There is one peculiarity about the

effect of tuberculin in which I have experienced personally to a marked degree, and other writers have commented upon it, namely its power to render sputum fluid, and to cause its ejection from the throat. A single injection of a very weak solution will often produce what may be termed projectile expectoration similar to projectile vomiting.

Dr. D. O. Amrein is quoted in the Journal of A. M. A. in regard to the tuberculin treatment of tuberculosis as follows:

"Amrein reviews his experience with 11 patients treated with Denys' tuberculin, 10 with Koch's old tuberculin and a few with tuberculin of another make. He followed the Goetsch cautious technique and was much pleased with the results. With cautious dosage and properly selected cases, he states, tuberculin is proving an essential aid in treatment of tuberculosis, especially as an adjuvant to physical, dietetic and climatic measures. He found that after a change from one make of tuberculin to another improvement sometimes made rapid strides. The tuberculin treatment sometimes started the patient again on the road of health after the measures previously applied seemed to have reached the limits of their efficacy."

As said above, the object of this paper is to show that food and fresh air are not alone to be relied on in the treatment of tuberculosis. A very wise old doctor when asked what he used to mix his medicines with replied "a teaspoonful of brains"; so it may truthfully be said that it requires more brains than medicine to cure tuberculosis. In regard to exercise in pulmonary tuberculosis it should be remembered that the inflamed lung is in a splint, as it were, and extreme care should be used; but when there is not the least rise of temperature, exercise in moderation does not appear to do injury. So many supposedly fatal cases

of tuberculosis have made good recoveries under what appeared to be extremely adverse conditions, and other cases which appeared to be mild in character have ended fatally, that it is utterly impossible to lay down hard and fast rules for any case, and therefore the rule above in regard to the necessity for discriminating judgment in the treatment of each case is all the more applicable.

THE PHYSICIAN AS A POLITICAL FACTOR.*

BY F. JULIAN CARROLL, M. D.,
Summerville, S. C.

For some inscrutable reason that mysterious and powerful wielder of most men's actions, termed Public Opinion, has sent forth the dictum that the medical man must not meddle in politics.

"Thou shalt not steal—in a small way.

"Thou shalt not lie—unnecessarily.

"Thou shalt not bear false witness against thy brother practitioner—openly.

"But above all thou shalt not pollute thyself by taking part, actively, in that most pernicious of all pursuits—politics," is a part of the new Ten Commandments laid down by the American public for the members of the medical profession.

That this is not true of other countries is evinced by the fact that nearly one-third of the members of the Chamber of Deputies of France are physicians, while in Germany, Italy, and other old-world countries, many of our most eminent men, medically, have been equally prominent politically. In America, so far as I can learn, no physician has ever been a member of the Cabinet, not to mention still higher political positions.

*Read by title at the annual meeting of the S. C. Medical Association, at Anderson, April 15-17, 1908.

The United States Senate contains one former physician, but he, unlike his European brothers, has abandoned his profession and has actively opposed scientific advancement in his ardent support of the anti-vivisectionists. The House of Representatives at present has, or had, among its membership only one member of the medical profession. This condition is not due to the fact that medical men are not fitted to fill these positions, nor I think is it due altogether to the fact that doctors are unwilling to serve the public in office. Rather has it been the result of the attitude we assume, or have been forced to assume, that politics are unclean and should not be touched by medical men—who of all men, he it said, are most accustomed to handling unclean things. Indeed, so long and so thoroughly have we been impressed with this idea that when any of us are caught performing so simple and so manifest a duty as voting at the polls, we assume an apologetic attitude and probably explain that we promised Smith to vote for Jones, or otherwise we would not be in such disreputable company. Then, despite this attitude, we go to these politicians, through a "legislative committee"—self-sacrificing martyrs, who reluctantly allow themselves to be sent into such a contaminating atmosphere as the state legislature—and ask them to put through bills which, however beneficial they may be to the general public, these legislators look upon as the special products of the State Medical Association—a combination more or less pernicious and to be discouraged. Is it a wonder that we do not always get what we want? Rather is it surprising that we ever get anything.

Now, as a matter of fact, the medical man, particularly the general practitioner, is peculiarly fitted by education and

experience to take a leading part in the government of his fellowman. Being more intimately associated with the environments and conditions of all classes than any other man of any other profession or trade, he is naturally more in a position to see their needs, and his observation being educated observation, he is more apt to take a broader and more comprehensive view of things than the man who is strictly the representative of either the masses or the classes.

Then again, as the profession of medicine is of all professions perhaps the most catholic in its relations to the general public, medical legislation is a constant and a pressing necessity, and medical men are alone qualified to suggest and enforce such laws as pertain to the health and protection of the people.

Now, as to how we can best obtain this influence which we are entitled to have and which we could and would exert for the good of the state: Some of our members seem to think this should be done by banding together as a body and demanding certain things political, just as we have so successfully demanded and obtained a just fee from insurance companies. But in my humble opinion, backed by some political experience, this course is as ill-considered in the former case as it was wise in the latter. Just so much as hint at "combinations" to the average voter and he is up in arms at once, and while influentially we are strong, in numbers we are comparatively weak.

There are approximately about eleven hundred physicians in South Carolina, while the total vote in the last state primary amounted to about one hundred thousand. In other words, our proportion is about one physician to one hundred voters. So then, nominally, we are entirely too weak to demand anything

which the mass of voters is not willing to concede.

How shall we overcome this vast disproportion and achieve anything politically? I will answer this by asking another question. Who controls the political destiny of our state or of the United States to-day? Why, manifestly the lawyer. And how have the lawyers accomplished this—by banding together and demanding certain things? No, most certainly not—they are far too astute for that. They are well aware of the prejudice of the general public against combinations, and resolve themselves into individual units of political influence. They enter politics, not as the representatives of the State Bar Association, or even as lawyers, but as individuals "on their own merits" as they are fond of saying, and most carefully and assiduously refrain from bringing their legal profession into too great prominence—during the canvas. Indeed, if they can possibly stretch a two-by-four flower-bed into assuming the proportions of a ten-acre farm, they begin to pose as full fledged farmers who are only practising law as a side line. And so successful have they been that all our legislative bodies are filled with lawyers. The Fifty-eighth Congress, which I take at random as an illustration, was made up as follows: Senate, lawyers 53, merchants 2, farmers 3. (probably lawyers in disguise—one, at least, being a cornfield lawyer), physicians 1, manufacturers 1, journalists 2, mining 3, etc., etc.; House of Representatives, lawyers 257, farmers 13, manufacturers 13, bankers 18, editors 10, physicians 1—truly a noble proportion!

In other words, out of a total of ninety-odd in the Senate, we have one who formerly was, or at least was educated as, a physician, while in the House, with

a membership of about four hundred, we have one more. Against this place the lawyers, with 53 in the Senate and 257 in the House, or a total of 310 in the two houses. Really, our showing is not imposing!!

Now do these lawyers, once they become members of the legislature or congress, forget their legal profession as some of our medical men seem to have forgotten theirs? Indeed not. Once firmly in office, they lay aside their farming implements and get down to steady business, making laws which the people do not need, but which the lawyers do—on account of the inevitable litigation which follows and the concomitant fat fees which it brings.

Then why not take a dose of the lawyers political medicine if we want political influence? Let us get down to work on the voters and not on the legislators. Not every doctor can afford to run for the legislature or congress, but nearly every one can spend a little time working for the candidate who is most apt and willing to advance the cause of the medical profession and the people at the same time—for they are identical, however hard it may be to impress it on the average member of the legislature.

Be sure your name is on some democratic primary club and try to attend the meetings. Take a part in the discussions and you will find yourself listened to and treated with that respect which the public is always willing to concede to any members of the medical fraternity who are in the least worthy of it. And then, when voting time comes, spare ten minutes of your valuable time and go to the polls and vote. If you can spare more, vote some of your friends and patients for the man you think best fitted for office. You can do this without demeaning yourself or injuring your professional standing—and

you may help to get the right man in office.

Furthermore, you can stretch your professional dignity still more and attend the county and state democratic conventions in the capacity of delegate. You will not find it at all hard to be elected to the county convention, possibly a little harder to attend the state, and not at all impossible to be elected to the national convention. The writer has attended both the former, and though he has thereby shocked some of his patients, he has been unable to find himself professionally injured in any particular in the doing.

Try it and find out for yourself. You will learn that you will not be contaminated thereby, and that your counsel will be listened to with respect, if it is worthy of respect, and a better understanding with the politicians engendered thereby.

SOME DISADVANTAGES IN PRESCRIBING PROPRIETARY PREPARATIONS.*

BY J. B. TOWNSEND, M. D.,
Anderson, S. C.

The only apology that I shall make for presenting this subject for the consideration of this honorable body is that as this association is composed largely of general practitioners there ought to be many papers of interest to the general practitioner. My paper I believe has at least this much of merit. I have no desire to do the Edward Bok or the Samuel Hopkins Adams stunt. I do not feel that I am divinely appointed to rise up in judgment against this generation of physicians and con-

*Read at the annual meeting of the S. C. Medical Association, at Anderson, April 15-17, 1908.

denn them, or to stand in the market place and warn those who are using these preparations daily of the doom that so surely awaits them; but I do think that a little of our valuable time may be profitably spent in discussing this homely but important subject. To those who jeer at me, bringing the railing accusation that I am an alarmist, and too little learning has made me mad, I have this reply: I challenge any of you to make a careful examination of the prescription files of any of our drug stores, be they large or be they small, and see if there is not room for need of improvement in this respect.

It is not my purpose to consume valuable time discussing the etiology of prescribing proprietary preparations, suffice it to say that it is the child of the unholy union of ignorance and indolence. It is of no recent origin and has reached such proportions as to demand the thoughtful attention of all true physicians. It is a conservative estimate to say that forty-six per cent. of all prescriptions call for some proprietary preparation. It is not confined to the rural districts where ignorance is supposed to flourish as the green bay tree, but many of our great ones lend the weight of their great names to furthering the sales of questionable preparations.

All proprietary preparations may be divided into two classes: (1st) those composed of a single chemical compound, as phenacitine, aspirin, etc.; (2nd) mixtures or ready-made prescriptions as somnos, bromidia, etc. Nearly all of our newer drugs are introduced to the profession as proprietary preparations of the first class. Many of them are of great value and undoubtedly will in the course of time be admitted to the pharmacopoeia. For the good of his pa-

tient, it is the duty of the progressive physician to familiarize himself with all the advances made in the line of improved medication, and with the possible exception of the increased expense there is not the slightest objection to the physician making use of these preparations. It is against the use of the second class of proprietary preparations, these mixtures or ready-made prescriptions, such as somnos, fibritone, etc., that I wish to raise my voice in warning to-day and to point out some of the disadvantages in prescribing them.

In the first place in prescribing proprietary preparations, we are doing our friends the druggists an injustice in that we are depriving them of their legitimate profit. It is a well known fact that all of these preparations are expensive to druggists, many of them costing him more than twelve and one-half cents per ounce, which is the usual price the customer expects to pay. Not only is his profit thus greatly reduced but the druggist is compelled to fill his shelves with a lot of unsalable and expensive preparations, many of them similar in composition but put out by different drug houses. Some of you may reply that it is immaterial to you whether your prescriptions please the druggist or not, that they are not written for his delectation but for the good of your patient. However, if the cost of doing business is increased and the profits decreased, you may be assured that the druggist will direct his energies in other channels to recoup his lost gains. One of the most common of these methods of increasing his diminished profits is the substituting for the original preparation those of his own make. Can you blame the druggist for filling your prescriptions for antikamnia with acetanilid comp., which he himself has made at a

cost of 15 cents an ounce rather than the original antikamnia which costs him 80 cents per ounce? The druggist rightfully reasons that if the physician has no more sense—please excuse the expression—than to prescribe such preparations he has not the wit to discover that a substitution has been practiced on him. Thus do we educate and encourage our druggist in the art of substitution and then damn him for practicing it. If these preparations are of such superlative merit, let the druggist compound them in his own mortar and put the cash in his own till.

However, the injustice done the druggist is small compared with the injury the physician does himself when he prescribes such proprietary preparations. The druggist's loss is one of dollars and cents and can be regained by directing his energy in other channels. The injury done the physician is a loss of mental acumen and moral probity and is irreparable. That a physician ought to know not only the names but the exact quantities of all drugs entering his prescriptions is a proposition which admits of no discussion. We may not know how some of our most valuable drugs act, but we should at least know what we are giving and how much at a dose.

The great disadvantage in prescribing proprietary preparations is not knowing what we are giving our patients. It is true that the detail man in a voice sweet and low informs us that it is a thoroughly ethical preparation, each fluid ounce containing so and so, together with aromatics, etc.; it is true that the manufacturer places on the bottle the formula together with a long list of diseases for which it is intended to be used; it is also true that we are asked to prescribe these preparations under fanciful trade names, suggesting the class of dis-

eases for which they are intended rather than the important drugs of which they are composed. The trade name is all the average physician remembers. The sweet song of the detail man becomes only a pleasant memory, and the scientific formula printed on the bottle becomes as vague and elusive as the side chain theory of immunity.

Because certain of the preparations have complied with certain rules laid down by the Council on Pharmacy they are spoken of as "ethical" and their use approved. This seems to me to be an unfortunate use of the word ethical, as ethical refers to conduct and not to things, and a drug or combination of drugs cannot be ethical or unethical. The physician who makes use of such preparations without knowing how much and what drugs he is using is not only guilty of unethical conduct but is betraying the trust and confidence placed in him by his patient. If these preparations appeal to the physician as of such great merit, let him familiarize himself with the exact composition or let them severely alone. I may say in passing that when the mystery of the composition of these preparations has been solved their charms and potency is gone. If we know of nothing that will help Nature in her efforts to bring about a recovery, let us not render assistance to the enemy by prescribing a lot of unknown and hence dangerous drugs.

Another disadvantage in prescribing these proprietary preparations is that we are robbing ourselves of the value of our experience in prescribing drugs. Such a one is as a man travelling in a circle, ever going but never making any progress towards his destination. Added years and added experience bring him no nearer the goal of the ideal physician. These preparations are nearly all on the

shot-gun-prescription order, containing so many ingredients that it is almost impossible to tell which of the drugs are inert and which are active. I would rather know from personal observation and experience the action of a baker's dozen of our most important drugs than to know the correct formula of every proprietary preparation made. Again the wide therapeutic range claimed for these preparations make an accurate diagnosis unnecessary, and the physician is taught to depend more and more upon these semi-panaceas rather than on an accurate diagnosis of his patient's ailments. Diagnosis becomes secondary to treatment instead of treatment secondary to diagnosis, and empiricism is encouraged at the expense of the welfare of both patient and physician.

That the physician should be dependent upon the manufacturer of proprietary preparations for his remedies to treat his patients, and that he should receive his information concerning those remedies from those financially interested is not in keeping with the dignity of a learned profession. This servitude and mental dependence is fatal to the best interest of the physician. To search after the truth is the joy and glory of the medical profession, and all short-cut methods are to be shunned as the suggestion of the evil one.

Up to this point we have been proceeding under the assumption that the proprietors of these preparations were honest and honorable men, and that the formulas furnished and claims made for these preparations were true. The medical profession is under a lasting debt of gratitude to the Council on Pharmacy for exposing the misrepresentation, fraud and dishonest methods of doing business adopted by many of the leading manufacturers of proprietary

preparations. It is the duty of every physician to familiarize himself with exposures made concerning Antikamnia, Bromidia, Tongaline, Manola, Anasarcin, Bioplasm, Hagee's and Waterbury's Cod Liver Oil, Kargon, Lactopeptins, Ammonol, Tyree's Antiseptic Powders, and others.

And the work is not yet finished, let the Council on Pharmacy turn on the white light of truth and of publicity upon these dishonorable and dishonest concerns who, because of the ignorance and indolence of the medical profession, have grown rich and insolvent. The statements made by those financially interested in any remedy are to be accepted with mental reservation. If what I have said is true the prescribing of these proprietary preparations must of necessity be a great injustice to the patient. Not only is his drug bill greatly increased, but in many instances his health and even life itself is jeopardized by proprietary preparations containing powerful depressants and habit-producing drugs. and did the patient realize the true state of affairs his confidence in and respect for his physician would be at an end. The patient pays or is supposed to pay good money to have a remedy fit to his disease and not, as Mr. Bok says, his disease fit to the remedy.

The remedy for this evil is so apparent that I cannot refrain from mentioning it. The consigning, unread, to the fire of all the pseudo-scientific literature gratuitously furnished by these large hearted manufacturers of proprietary preparations, and the investing of the sum of fifty cents of good money for a copy of the Physician's Manual of the U. S. Pharmacopeia and National Formulary, and the expending quite a lot of time in familiarizing oneself with the

contents of said book. This is all that is required. For the encouragement of those not familiar with the contents of this valuable book, I will state that it contains formulas similar to, and in many instances identical with, every proprietary preparation of merit on the market. Let us, then, throw away our mental crutches even if we have to adopt the Hopkins method of curing our patients with *tr. nux vomica* and hope, and let us depend upon our own gray matter, granting that it is a little thin in places and not so gray as it ought to be.

In conclusion, I wish to say that I have no desire to wage war on anybody's preparations but upon indolence, ignorance, carelessness, credulity and empiricism—these are the great enemies of our noble profession, and should be given no quarter.

SKIN GRAFTING.*

By Mary R. Baker, M. D.,
Columbia, S. C.

Unless one is connected with a large general hospital very little attention is paid to skin grafting; yet I am sure that if each of you would think for a moment you would recall many a case which would have been greatly benefitted had you but considered this simple operation. Those old unsightly scars might have been prevented, or the case coming to you after scar formation might have been rendered comfortable and comely by one of the methods I shall enumerate.

The question that first arises is What are the indications for grafting? There are several; first, to promote rapid healing of large ulcerated surfaces, such as

chronic ulcers and ulcers following burns; then, to replace deforming cicatrices, to replace skin unavoidably removed in operations, such as amputation of the breast for carcinoma; to promote healing of stumps after amputation and to prevent the formation of sensitive scar tissue.

It has been long known to the profession that portions of the tegumentary structure when completely detached and transplanted to other parts of the surface of the body will very often retain their vitality and grow where they have been planted.

The growth of new epithelium over a granulating surface takes place from the epithelial cells at the margin. By planting small islets of these cells on the granulating surface each can be made to form a nucleus for the development of new epithelium, which, spreading in all directions, coalesces with that growing from the surrounding skin, and thus rapidly covers the surface with new cuticle.

The first step in the operation, regardless of the method, is the proper preparation of the patient and the surface upon which the new skin is to be grown. The patient, if run down and anaemic, as is so often the case where there are ulcers of long standing, should receive a general tonic treatment, and if necessary put to bed some little time prior to operation.

It is essential that the ulcerated surface be in a healthy condition before attempting to skin graft. Microscopically, two layers of granulation tissue are discernable, the more superficial possessing vertically disposed capillaries, the deeper containing a horizontal network of vessels, from which the former springs, coursing through a structure more or less dense according to its age. It is this

*Read at the annual meeting of the S. C. Medical Association, at Anderson, April 15-17, 1908.

superficial layer which is finally converted into connective tissue. A free removal of the upper, soft layer of granulations must be effected to prevent cicatricial distortion and the risk of separation of the epidermis. These evils are avoided by laying the grafts directly upon the layer of granulations with horizontal capillaries, to which layer the transplanted portions will become firmly adherent and remain so, undisturbed by cicatricial contractions.

If the margins of the ulcer do not appear healthy they must be cut away. All oozing of blood must be stopped before transplanting the grafts, as blood clots interfere materially with the success of the operation.

When possible complete asepsis should be secured and maintained, because all antiseptics endanger the vitality of the grafts. If antiseptics are requisite to secure asepsis of a freely suppurating ulcer, they must be thoroughly removed by prolonged douching with sterile normal saline solution.

Where many grafts are required, and especially if the patient be old or nervous, it may be more convenient to obtain some of the grafts from another person. It must not be forgotten that syphilis may be communicated in this way if the grafts are taken from a person suffering from that disease in its active stage.

Having prepared the patient and the surface, you next select the method you will employ. There are several methods which I will briefly describe in the inverse order of their importance, as I consider them.

1. Luke's Method: Large pieces of epidermis are obtained by cantharides blistering or by accidental burns and scalds, these are spread over gauze pads or glass plates and sterilized in an ordinary sur-

gical sterilizer. When applied these grafts must be absolutely dry, because if moistened they will curl up and will be difficult to apply. The grafts must be very small, about one-twelfth inch square, and applied not more than one-half inch apart.

2. Reverdin's Method: The grafts consist of minute thin pieces of superficial skin. In obtaining these grafts the skin is transfixed with a needle and raised to a tip like cone, a thin epidermal shaving the size of the apex of the cone is cut off and at once transferred to the granulated surface by the needle and in such a manner that the raw surfaces will be brought in accurate contact. As the tendency of the grafts is to curl up, care should be taken to spread them on evenly. The granulations should not be injured so as to avoid the interposition of blood between the raw surfaces which would prevent the grafts taking.

3. Wiggins' Method: In this method the epithelial cells are obtained from the soles of the feet. The foot is prepared by a thorough scrubbing to remove the outer layer of epidermis, this is followed by bathing in a strong bichloride solution, the foot is then covered with a moist boric acid dressing, in its turn covered with rubber tissue, which, by reason of the heat and moisture, serves to loosen the deeper and more vitalized layer of cells. After a period of twelve hours the dressing is removed and the sole thoroughly scraped with a dull knife. The cell mass thus obtained is placed in a mortar, which in turn is placed in a water bath at a temperature of 110 to 115 degrees and stirred until thoroughly desiccated. The object of this procedure is twofold: first, to permit of trituration so as to further separate the particles; and second, to divest them of all moisture so as to influence

the adhesion of the cells to the moist surface of the ulcer thereby facilitating a bond of union by exosmosis. It is readily understood that in a certain space, where by the ordinary method there is but one graft, by this method we will have perhaps one thousand, and on account of the minuteness of the cell or cells the chance of their living is increased in direct ratio to their size. After the granulating surface has been prepared the desiccated epithelial cells are sown over it and the ulcer dressed.

4. Krausse's Method: Krausse's grafts are made of long, unattached flaps of skin which include the entire thickness of the skin to the fat. The flaps, which are cut off in the shape of a long ellipse, are carefully separated with a sharp scalpel, cutting between the skin and the subcutaneous fat. If a small amount of adipose tissue remains it will not interfere with the nutrition of the graft. The grafts usually shrink, immediately after removal, to two-thirds of their original size longitudinally, and a little less transversely, so that allowance must be made for this shrinkage. The grafts adhere closely to the prepared surface if no clot interposes between them.

5. Thiersch's Method: The principal feature of this method is that the grafts involve but half the thickness of the skin and are cut in long strips or shavings of variable size. A granulating surface is not absolutely necessary here. In order to cut the grafts evenly and of sufficient length without penetrating too deeply, the skin is pinched up into a ridge, which is held and made tense at one end by an assistant, while the operator pulls upon the proximal end as the graft is being pared with a flat razor. The grafts vary from one to several inches in length and breadth, according to the

size of the surface to be grafted. As the grafts are cut they are transferred directly from the razor to the raw surface, or they are floated temporarily in a basin containing warm normal saline solution.

Treatment: The classical method of treating the ulcer after grafting is the same in all methods and is as follows: After grafting, the surface should be covered with strips of sterilized oil-silk, rubber-tissue or silver foil, one strip overlapping the other like lattice work. A layer of sterile gauze, followed by a copious absorbent cotton dressing, is applied, being held in place and supported by a firm bandage. The dressing should not be removed in less than five days. Thereafter it is changed as often as is found necessary.

In grafting large surfaces it is often advisable to leave the grafts exposed to the air at the end of two or three days on account of the excessive secretion. As soon as the grafts are firmly united to the underlying surface a light dressing may be applied, such as a piece of gauze covered with sterile vaseline.

Should the grafting be done upon the lower extremity, the patient should be kept in bed from two to four weeks after the operation. If allowed to walk about after a few days, the increased flow of blood to the part causes an excessive secretion which seriously interferes with the nutrition of the grafts and may ultimately destroy them.

It frequently happens that by the end of the third or fourth day the graft has entirely disappeared but becomes again recognizable a few days after. This is due to the desquamation of the opaque corneous layer of the transplanted cuticle leaving only the thin transparent Malpighian layer behind. The reappear-

ance of the graft takes place as soon as sufficient new epithelium has grown to become again opaque.

References

American Text Book of Surgery. International Text Book of Surgery. Wiggins: Skin Grafting—A New Process.

Discussion.

Dr. S. C. Baker: I have not had a great deal of experience in that line lately, and in order for any man to keep up any line, he must have a reasonable amount of success in his first attempt. I would like to mention an effort of mine some years ago; it was the case of a man who had been very severely burned on the posterior surface of the thighs. In fact, from the upper part of the calf of the leg, on up to the gluteal region on both sides. There was a great deal of suppuration, and he was very much prostrated. After the suppuration pretty nearly subsided and there was a condition of what might be called laudable pus, or some sort of secretion over the granular surface, we thought of using skin-grafting. The individual himself was too much pulled down to warrant taking skin from some other portion of his body to put over this large surface, and there was no one else forthcoming to donate the necessary skin. We saw somewhere that frog skin could be used for the purpose of skin-grafting, so we let it be known among the little negroes in the neighborhood that we would like to get hold of a number of bullfrogs, in order to try to graft the frog skin on this patient. They brought us about a dozen frogs and after going through all the antiseptic precautions, and finally using salt solution to cleanse the surface, we took patches of skin from the frogs, spread them evenly over the burned surface, put on a dressing and left the patient for four or five days in the confident expectation that he would have a good growth of skin over the surface; but unfortunately in three or four days there arose a disagreeable odor in the region of the wound; he developed fever, and we found things were not working so well, and on taking off the dressing, we found that we had rather retarded recovery than hastened it. Thinking of the matter at this time, I believe we made a mistake. I do not say that because we failed

with frog's skin in this particular instance that frog's skin would not accomplish the desired purpose, provided we took the precaution of splitting the layer of skin, but instead of doing this we dissected off the whole skin. As I understand it now, the blood vessels which go to nourish the skin of any animal meander through the skin itself, and in order to become grafted on a raw surface, these blood vessels must be split longitudinally so that the blood or serum from the granulating surface underneath may find its way into these blood vessels in the remaining portions of skin and nourish it until it finally fastens itself to the underlying surface. We took the whole skin, and the only way the serum from the underlying tissues could find its way in was at the margins, and as not enough could get through it died, with the unfortunate result that I mentioned. After several weeks, with antiseptic dressing and so on, the ulcers got back into fairly healthy condition, and then we made an attempt with cuticle from a chicken. In this instance we simply held up and chipped off little portions of the cuticle after stripping off the feathers from the thighs of the chicken, and sprinkled these clippings around over the surface, and I must say that a few of these did seem to take. Every here and there on the large surface there appeared little spots of skin that started to grow and progressed outwardly from these points, and although this gentleman lived in Sumter county—the Game-cock county—none of these little spots grew feathers.

Dr. Bailey: I had a few experiences in skin-grafting. It is not the thing to do, but I differ with the lady and apologize for it. I had a case of an epileptic who fell into the fire and burned the skin from the entire face—fortunately not affecting the eyes or eyelids. I found it difficult to secure a subject with skin enough to spare to cover this surface, but a nurse—who, by the way, was of very fair skin and complexion—kindly offered to let it be taken from her person. The patient, a young man, was not aware of where the grafts came from until after they had taken very nicely and healed. Then there was trouble in the camp. As soon as he was able to get up, he said, he was going to swear out a warrant against some one for putting a girl's skin on his face, as he was doomed forever to go clean-

shaved without a beard. That was my first experience in grafting. I have had no experience with frog's or chicken's skin and cannot see why it should be resorted to when human skin can be obtained. On another occasion I found it difficult to get skin for grafting on a gentleman, and an old servant, a black man, offered some of his skin, and as this was on a part of the body not exposed, we accepted the negro graft—as the patient was a man from Boston, and we thought possibly it would not hurt him—and we grafted it and it took very nicely, but faded out in color. I saw him about three months afterwards, and it was very much faded and probably will become as white as any other part of the body. And still another case I had; there was a large ulcer and I had trouble in getting skin to grow there, but after curetting I finally succeeded in getting it covered with skin.

Dr. Knowlton: About eight or ten years ago at the Spartanburg meeting of this Association, Dr. Black presented a case of skin-grafting which to me has been most valuable—a clinical case. The case and paper have been as valuable to me as anything I have heard before the Association since my connection with it. Ordinarily you would not consider it of deep interest or grave importance, but I think it is both. One point in the practical treatment is to preserve the grafts after they have been placed and make them take. Every article I have seen says cover them with tin foil, silver foil, rubber sheeting or something of that kind. To my mind that encourages the secretion and when you go to remove the dressing in four or five days, off comes the graft. I went by the books for several cases and got no results; the grafts would come off—perhaps a few remained. From Dr. Baker's article, I judge she has seen the suggestion somewhere else, but I have not heard of it, but conceived the idea in a recent case of making no application after the transplantation of the graft in the case of a boy with an ulcer on the foreleg eight or ten inches long and six or seven inches across—age of patient about fourteen and one-half years. I made the grafts from the opposite leg and applied no cover, left it bare five days and never have seen more beautiful results. I had no dressing to take off, the limb was kept cool, lifted on a pillow to reduce the secretion to as small

an amount as possible, and I really believe that will be eventually quite a point—the omission of the usual dressing.

Dr. H. R. Black: I am sorry I could not understand just what Dr. Baker was reading; she spoke in a low tone and my hearing is not quite as acute as it should be. The subject of skin-grafting is one of the easiest operations I ever tried as a surgeon. Not long ago I operated on a young man twenty-one or two years old, who was burned one night by an electric wire on the knee. He had been suffering about three or four weeks before I saw him and the raw surface was about three by four or five inches. It was simply cleansed, washed with soap and water, then with Thiersch's solution, and then with normal saline solution. The skin on the opposite leg and thigh was cleansed in a similar manner, and with a very keen razor, with the skin drawn tightly, the grafts were cut, as thin as it was possible to cut them, the full length of the wound, when it was possible. They were then placed on the surface that I was trying to graft, and after the surface was covered, then the grafts were all carefully mopped or sponged with normal saline solution, and then covered with the Green River rubber tissue, which was also supposed to be sterile, moistened in the saline solution, placed in layers one on top of another as though you were covering a house. That was covered with a sterile gauze that had also been kept moist with a saline solution and was kept moistened about once or twice every twenty-four hours, afterwards, I believe either three or four days; after which time, it was well moistened and removed and my grafts were living. There was no curetting and nothing done to the surface that I grafted, because I got it in a good condition. With these burns, if you see them at the time that I always like to see them, early, if I catch them in a pretty good condition, sort of raw, I never curette them, but graft on them, and never have failed in one of my operations. The operation Dr. Knowlton referred to a few moments ago was re-covering the entire shoulder-joint of a young lady which had been burned several years before on the right breast, right shoulder and right arm. I saw the case after three or four years standing, amputated the shoulder joint and then after a certain lapse of time, grafted on the granulations in the manner I have outlined. The surface was about

twelve or fourteen inches in area, and some of those grafts were six inches long. I don't think a single graft perished. That is the best result I have ever seen—not because I did it, but it was as an actual fact. I have done a number of these operations and always succeed without a single failure by doing Thiersch's operation.

Dr. Earle: There is just one point in reference to the technique of the subject that I don't know whether Dr. Baker touched on in her paper or not. Dr. Knowlton brought up the difficulty of preventing the grafts from becoming separated from the skin at the removal of the first dressing. I got an idea from Dr. Ochsner, of Chicago, a few years ago, of using strips of zinc oxide adhesive plaster to cover it; it holds them in place very nicely and you very seldom have trouble if the technique has been good, in having the grafts separated and dying. A couple of years ago I saw a lady very badly burned, with the skin from the knee up above the hip joint burned, by her clothing catching on fire. Her physician attempted the method Dr. Baker, of Sumter, mentioned, of using frog-grafts, which failed. Owing to the extremely nervous temperament and the bad condition, I did not attempt to use grafts from the young lady herself, but she called a number of school friends to her assistance, and I removed grafts from fourteen without using anesthetics—their mothers objected to that, but not to their losing the skin. The fifteenth was the child's father; he was the only one I had trouble with; the others stood it and complained practically of no pain, although the razor split the skin, removing as much as twelve inches at one time. I think if you will try zinc oxide you will find it valuable in keeping the graft in place.

kept wet as often as necessary. No other treatment is necessary. The report is based on observations upon 35 cases.

Personal

Dr. H. R. Black, of Spartanburg, visited Greenville during the month.

Dr. E. M. Whaley and family, of Columbia have returned from Europe.

Dr. C. C. Jones, of Greenville, has returned from Europe.

Dr. J. W. Babcock, of Columbia, who has been spending the summer in Europe with Senator Tillman, is expected home this month.

Dr. J. H. Miller, of Waterloo, spent several days in Columbia during the month.

Dr. Chas. W. Kollock, of Charleston, has been appointed a member of the American Committee for the Sixteenth International Medical Congress, which will convene August 24 to September 4, 1909.

Dr. J. W. Watson, of Columbia, by special invitation of the Chester County Medical Association, attended the monthly meeting of the association September 7th. By request he read before the doctors a paper on the subject of pellagra, a disease now engaging the attention of the medical profession in some European countries and attracting increasing notice in America. The paper was most attentively heard by the Chester physicians, Dr. Watson's treatise being based upon information obtained by him during his recent visit to Italy made for the purpose of study and observation of this disease.—Columbia State.

DEATH OF DR. EDEHOHLS.

Dr. George Michael Edehohls, a member of the faculty of the New York Post-Graduate Medical School, died at the Hotel Colonial, Eighty-first street and Columbus avenue. Dr. Edehohls was born in New York in 1853. He was graduated from St. John's College of Physicians and Surgeons in 1875. He was well known as a consulting surgeon and writer on medical topics. Since 1893 he has been a professor in the New York Post-Graduate Medical School. He was the author of "The Surgical Treatment of Bright's Disease."

The Local Use of Magnesium Sulphate in the Treatment of Erysipelas, With Report of Cases. A. Tucker, Philadelphia. *Therapeutic Gazette*, June 15, 1908. With this treatment, the pain and discomfort are relieved in a few hours, the temperature falls to normal rapidly, usually within the first 24 hours, and the patient recovers in from two to seven days. The method of application is as follows: A saturated solution of magnesium sulphate is applied on a mask consisting of 15 to 20 pieces of ordinary gauze; this is covered by some non-absorbent material and

News and Miscellany

THE MEDICAL PRACTICE ACT.

Following is the Medical Practice Act, complete, as in force in this state at the present time, including the recent amendments

AN ACT

To Regulate the Practice of Medicine in South Carolina, to Provide for a State Board of Medical Examiners and to Define Their Duties and Powers.

Section 1. Be it enacted by the General Assembly of the State of South Carolina, That on and after the approval of this Act, no person shall practice medicine or surgery within the State unless he or she is twenty-one years of age, and either has been heretofore authorized so to do, pursuant to the laws in force at the time of his or her authorization, or is hereafter authorized to do so by subsequent subdivisions of this Act.

Sec. 2. Any person shall be regarded as practicing medicine, within the meaning of this Act, who shall treat, operate on, or prescribe for any physical ailment of another, except those engaged solely in the practice of osteopathy. But nothing in this Act shall be construed to prohibit service in cases of emergency, or the domestic administration of family remedies.

Sec. 3. There shall be established a State Board of Medical Examiners, composed of eight reputable physicians or surgeons, one from each of the seven Congressional Districts, and one from the State at large, to be nominated by the State Medical Association, and appointed and commissioned by the governor. The term of office of the members of the board shall be for a period of two years, and until their successors in office shall have been appointed and qualified. Any vacancy in said Board of Examiners shall be filled in the same manner as above specified. Provided, that the governor shall have the right to reject any or all of the members nominated, upon satisfactory showing as to the unfitness of those rejected. In case of such rejection, former members of the Board shall hold over until their successors can be chosen in the manner as above provided.

The members of the Board first appointed

under the provisions of this section shall be divided into two classes. The first class to consist of the four members from the odd number Congressional Districts of the State, and the second class of the remaining four members, the three from the even number Congressional districts with the one from the State at large. The first class shall hold office under the said first appointment for the period of two years, until 1905; the second class for one year from the date of their appointment, until 1904. Thereafter the term of office of the first class shall expire on each odd number year of the calendar, and those of the second class on each even number year of the calendar: Provided, further, That the first nomination herein provided for shall be held at the next annual meeting of said State Medical Association, and the members of the present Board shall continue in office until their successors are appointed and have qualified as hereinbefore provided.

Sec. 4. Said Board of Medical Examiners shall meet regularly at Columbia, S. C., on the second Tuesday in June of each year, and continue in session until all applicants are duly examined.

A majority of said Board shall constitute a quorum for the transaction of business.

At their first meeting they shall organize by the election of a chairman and a secretary, who shall also be treasurer, and said Board shall have power to call extra meetings, when necessary, and to make all necessary by-laws and rules for their government.

Sec. 5. It shall be the duty of said Board, when organized, to examine all candidates for examination, as hereinafter provided and described, and to pass upon their qualifications and fitness to practice medicine in this State, and to give to each successful applicant a certificate to that effect, upon the payment of ten dollars to the treasurer of said Board, one-half of which shall be returned if the applicant fails to secure a certificate of qualification. Such certificate of qualification shall entitle the holder or holders thereof, respectively to be registered as a lawful practicing physician by the clerk of court of the county in which he or she or they may reside, upon payment to said clerk of court of a fee of twenty-five cents for each registration. No physician will be

considered as a legally qualified practitioner, or as having fully complied with the law, until he shall have obtained said registry. In the interim between the meetings of the Board, the president and secretary of the Board shall be allowed to grant temporary license to practice medicine until the next regular meeting of the Board, to such persons as would, under the above sections, be eligible for examination. Said temporary license shall not entitle the holder to registry with the clerk of court of the county in which he resides, but at the next regular meeting of the Board, the applicant must come up for the regular examination for permanent license.

Sec. 5a. The said Board of Medical Examiners is hereby authorized and empowered to suspend or revoke, subject on appeal to revision by the circuit courts of the State, by a majority vote of its total membership, the license of any practicing physician or surgeon qualified under any provision of this Act, and whether qualified prior or subsequent to the passage of this Act, after due notice and fair opportunity for hearing, upon its being made satisfactorily to appear that the holder thereof is guilty of felony or gross immorality, or is addicted to the liquor or drug habit to such degree as to render him on her unworthy or unfit to practice medicine in this State, or has been convicted in a court of competent jurisdiction of illegal practice. And the said Board is further empowered to administer oaths in the taking of testimony upon any and all matters pertaining to the business or duties of the Board: Provided, That pending an appeal under this section the doctor under charges shall practice his or her profession until the decision of the tribunal appealed to.

Sec. 6. All persons who hold diplomas from any medical college or schools of established reputation, given prior to the passage of this Act, and who present certificates of their good moral character, and of their sobriety, from some reputable person or persons known to the Board, and who give evidence of sufficient preliminary education (equivalent to the possession of a teachers' first grade certificate), shall be eligible for examination before the Board, irrespective of their time of attendance upon medical lectures; but no person who shall graduate after the passage of this Act, shall be eligible to appear before the Board for examina-

tion unless he or she shall give evidence, in addition to sufficient preliminary education, that he or she has attended four full courses of lectures of at least twenty-six weeks each, no two courses being in the same year, and has received a diploma of M. D. therefrom: Provided, That nothing in this Act contained shall be construed to prevent the State Board of Medical Examiners from admitting as eligible for examination before said Board, on both the junior and senior curriculum prescribed in section seven of this Act, any person who satisfies said Board that he or she has been regularly admitted to advanced standing in some medical college or school of established reputation, requiring a four years' course of study, and had received a diploma of M. D. therefrom, and is otherwise eligible under the provisions of this Act.

Sec. 7. The curriculum of the State Board of Medical Examiners shall be divided into two sections; the first comprising the junior or primary branches of medical education, hereafter to be designated as the Junior Curriculum. The second, comprising the senior and clinical portion of medical education, hereafter to be designated as the Senior Curriculum. The Junior Curriculum shall comprise the following branches, namely:

1. General Anatomy.
2. Physiology and Histology.
3. Materia Medica and Medical Botany.
4. Chemistry, Organic and Inorganic, and Medical Physics.

. Bacteriology and Pathology.

The Senior Curriculum shall comprise:

1. Anatomy, Regional and Surgical.
2. Practical Hygiene and Sanitary Science, State Medicine.
3. Practical Uroanalysis, Urinary Microscopy.
4. Therapeutics and Toxicology.
5. Surgery, General and Special, Surgical Procedure.
6. Practical Medicine and Diseases of children.
7. Practical Obstetrics and Gynecology.
8. Medical Jurisprudence.

Said examination shall be conducted either in writing or orally, or both, at the discretion of the Board.

Sec. 8. All applicants before the Board, holding a diploma from a four-year graded medical college of established reputation, whether in or out of the State, who have

pursued a study of four separate courses, and have attained a mark of not less than seventy-five per cent. on each individual branch of their curriculum, as evidenced by certificate from the dean of their college, shall be exempted from examination in the Junior Curriculum, and shall be examined only on those subjects contained in the Senior Curriculum, as heretofore outlined. Those applicants who hold diplomas issued by chartered medical colleges, but whose term of attendance has been less than four years, as above stated, must pass upon both the Junior and Senior Curriculum, as must also those attending a four years' course who cannot produce a certificate showing that they have attained a mark of seventy-five per cent. on all the branches of their college curriculum.

Sec. 9. The Board shall be empowered without examination to indorse, upon receipt of the license fee of ten dollars, the licenses issued by other Boards having equal standard: Provided, Said other Boards accord to the licenses of the South Carolina State Board the same courtesy; and said other State Board licenses, when endorsed, shall entitle the holder to registry in this State, and to all the rights and privileges thereby granted.

Sec. 10. The standard required by the State Board of Medical Examiners shall be an average of not less than seventy-five per and not less than sixty per cent. on any individual branch.

Sec. 11. The Board shall keep a record of all the proceedings thereof, and also a record or register of all applicants for a license, together with his age or her age, time spent in the study of medicine, and the name and location of all institutions granting such applicant's degrees or certificates of lectures in medicine or surgery. Said books and register shall be prima facie evidence of all the matters therein recorded.

Sec. 12. The members of said Examining Board shall receive for their services the same per diem and mileage as is paid to the members of the General Assembly, for each day engaged. Said compensation to be paid from the State Treasury, upon the certificate of the president of the Board, countersigned by the secretary. The license fees collected from applicants shall be turned into the State Treasury. There shall be set aside

from said fees each year the sum of fifty dollars (if so much be needed) as a contingent fee, for the purpose of supplying the secretary with necessary stamps and stationery, and to print the proceedings of the Board.

Sec. 13. It shall be unlawful for any person or persons to practice medicine or surgery or any branch or specialty of the same in this State who has failed to comply with the provisions of this Act, and any one violating the provisions of this Act shall be deemed guilty of a misdemeanor, and for each offense, upon conviction by any court of competent jurisdiction, shall be fined in any sum not less than fifty dollars, nor more than three hundred dollars, or imprisonment in the county jail for a period of not less than thirty, nor more than ninety days, or both, at the discretion of the Court; one-half of said fine to go to the informant and the other half to the State. Provided, That dentists and mid-wives shall not be subject to the provisions of this section: Provided, That the State Board of Medical Examiners shall issue license to osteopaths and homeopaths specifically for the purpose of practicing osteopathy or homeopathy, respectively, when the applicant presents a diploma from a duly authorized school of osteopathy or homeopathy and satisfactorily passes examination before the State Board of Medical Examiners on all regular branches upon which applicants for license to practice medicine are examined, except *Materia Medica* and *Therapeutics*, *Major Surgery*, and the *Practice of Medicine*: Provided, further, That osteopaths and homeopaths now holding license from the State Board of Medical Examiners shall be exempt from the provisions of this Act.

Sec. 14. In no case, wherein the provisions of this Act shall have been violated, shall any person violating be entitled to receive a compensation for services rendered. But all persons now practicing, in accordance with the law now of force, or who may hereafter practice medicine or surgery, as herein provided, shall be entitled to charge, sue for and collect for their services.

Sec. 15. Upon the refusal of the said Board to grand a license to any applicant an appeal may be had to the Governor, who may order a re-examination of the applicant, to be held in the presence of the Dean of the Faculty of any medical college in this State,

and a committee composed of seven practicing physicians.

Sec. 16. All Acts and parts of Acts inconsistent herewith are hereby repealed

Approved the 27th day of February, A. D. 1904.

Amended the 4th day of March, A. D. 1905.

Amended the 26th day of February, A. D. 1908.

**PROCEEDINGS OF THE SOUTH CAROLINA
STATE BOARD OF MEDICAL EX-
AMINERS, JUNE 9-10-11,
1908, COLUMBIA, S. C.**

Drs. J. L. Napier, Harry H. Wyman and W. M. Lester registered the applicants at the State House from 4 p. m. to 7 p. m.

At 9 p. m. the board met at the Hotel Jerome; the following members were present Drs. J. L. Napier, W. M. Lester, Harry H. Wyman, R. A. Bratton, W. P. Porcher, H. L. Shaw and J. J. Watson. Dr. J. O. Rosamond was in Texas on business and could not be present.

The questions prepared by the members present were considered and approved. Dr. Lester was requested to prepare the questions which should have been prepared by Dr. Rosamond.

The board proceeded to organize, and the following officers were elected: President, Dr. J. L. Napier; Secretary-Treasurer, Dr. Harry H. Wyman; Assistant Secretary, Dr. Mary R. Baker.

Dr. R. A. Bratton was elected a delegate to the Council on Medical Education of the American Medical Association.

This board reciprocates with the following states: Texas, Virginia, Maryland, Illinois, Maine, Michigan, Kansas, Wyoming, Wisconsin, Minnesota, Nevada, West Virginia, Utah and Missouri.

The following rules have been adopted by the board:

No applicant who has failed to pass this Board will be granted a license under the reciprocity clause.

All applicants are required to register for examination on Monday afternoon preceding the second Tuesday in June.

Applicants desiring a South Carolina license through reciprocity must have resided and practiced on a permanent license at least one year in the state from which they

bring a license, and they are required to present a certificate to that effect from the secretary of the board granting the original license.

The examinations began at 9 o'clock a. m., Tuesday, June 9, 1908, and continued with the usual intermissions until 1 p. m., Thursday, June 11, 1908, when all applicants had been examined.

There were seventy applicants (sixty-seven males and three females); of these fifty-four were white (fifty-three males and one female), and sixteen were colored (fourteen males and two females). Of the fifty-four whites, one took the osteopathic examination. There were sixty-nine applicants who took the examination; one Dr. T. E. Graham, registered, but was unable to take the examination on account of sickness. He was later granted a temporary license.

Of the sixty-nine applicants who took the examination, forty-eight passed and twenty-one failed.—Harry H. Wyman, M. D., Secretary

PHYSIOLOGY.

Dr. Harry H. Wyman, Examiner.

Junior Curriculum.

1. What conditions hasten or retard the coagulation of blood, and mention the physical properties of the blood?
2. What produces the second sound of the heart, where best heard, and what events in the heart's action are coincident with it?
3. What is the difference between warm and cold blooded animals, and how is heat produced and disseminated from the body?
4. How is the secretion of glands chiefly regulated, and how do the kidneys secrete urine?
5. What results would follow a complete division of the right facial nerve,

PRACTICAL HYGIENE, SANITARY SCIENCE, STATE MEDICINE.

Senior Curriculum.

1. State the period of incubation and contagion in scarlet fever, diphtheria, pertussis, measles, pubella, smallpox, typhoid fever, parotitis.
2. What hygienic care should be taken by pregnant and parturient women?
3. What condition would cause you to condemn meat, and what would you do to insure milk from impurities, that is, milk for the public?

4. What infectious disease may be conveyed through the medium of air, water and food, respectively?

5. What are the injurious effects of excessive use of tobacco?

6. Give draft of acceptable regulations of schools as to contagious diseases.

7. At a moderate temperature what is the most satisfactory relative humidity for comfort,

8. At 80 degrees F. what humidity is uncomfortable?

9. Give hygienic care of infants as to clothing, bath and their various organs.

10. Name six diseases subject to quarantine, and how long would you quarantine each?

(Juniors answer all of Physiology and first five of Hygiene.)

PRACTICE OF MEDICINE AND DISEASE OF CHILDREN.

Dr. J. J. Watson, Examiner.

1. Differentiate simple melancholia and hypochondria?

2. (a) What are the causes of cardiac arrhythmia? (b) Symptoms and treatment of angina pectoris.

3. (a) What are the possible sequelae of pneumonia? (b) What symptoms would cause you to suspect incipient pulmonary tuberculosis?

4. Mention the causes of anemia.

5. Symptoms of interstitial nephritis.

6. Symptoms and treatment of acute dysentery.

7. Make diagnosis and give reasons from following history and symptoms:

J. S., aged 40 years. He had suffered for years with indigestion, and for several months with pain in epigastrium, which was relieved by eating, and for one week remained in bed on account of aggravation of epigastric pain. At 1 o'clock in the day got up and went to the back door to look out.. While there was seized with sudden severe pain in abdomen. He vomited and crawled back to bed. At 3 p. m. his pulse was 90, temperature 101 degrees F., abdomen of board-like rigidity, tenderness everywhere, but more tender in epigastrium. He was given morphine, gr. 1-4. At 9 p. m. he was somewhat improved, and his muscular spasm was a little less. At 11 p. m. was pale and looked sick. There was distinct spasm and tender-

ness in epigastrium, shading off into other regions of abdomen, which was generally retracted. There was no dullness. Tongue moist. Pulse 90, temperature 101 degrees F.

8. Symptoms and sequelae of scarlet fever.

9. What per cent. of fat and proteids would you prescribe for a child four months old? How would you direct mother to make it?

10. Causes of convulsions in children, Causes of vomiting in children?

CHEMISTRY.

Dr. W. Peyre Porcher, Examiner.

Junior Curriculum..

1. Give chemical formula for common salt; nitrate of silver; sulphuric acid; nitric acid; water.

2. What is the difference between blue mass, mercurial ointment and citrine ointment?

3. What is gray powder?

4. What is the difference between static and galvanic electricity? Give methods of production.

5. What are the positive and negative poles of a battery termed,

PRACTICAL URINALYSIS, MICROSCOPY, TOXICOLOGY.

Senior Curriculum.

1. How do you make a chemical analysis of the urine for life insurance?

2. Give indications of high and low specific gravity in the twenty-four-hour urine.

3. What does transitory low specific gravity indicate?

4. Give differential morphology of blood, pus, oil and water under the microscope.

5. Describe simple and compound microscopes.

6. What oculars and objectives are in common use in microscopy?

7. Give symptoms and antidotes to poisoning by sulphate of atropia.

8. Give symptoms and antidotes to poisoning by opium.

9. How would you detect a case of poisoning with carbolic acid or potassium hydrate?

10.. What fumes are given off by arsenic when it is burned?

GENERAL ANATOMY.

Dr. R. A. Bratton, Examiner.

Junior Curriculum.

1. Name the bones of the head.
2. Name the bones of the lower extremity.
3. Names the muscles of the abdomen—deep and superficial.
4. What chief arteries supply the neck and head?
5. Where are the epigastric arteries found? Branches of what arteries?

REGIONAL OR SURGICAL ANATOMY.

Senior Curriculum.

1. In the lymphatics of the peritoneum, which are most rapid in absorption, those of diaphragm or of pelvis, If you wish to stimulate in abdominal incision, what position would you place the patient in? If to retard too rapid absorption of pus in cavity, what position?
2. What are the anatomical points to be remembered in paracentesis thoracis?
3. From its anatomical position, why is rupture of kidney of less danger than rupture of liver and spleen,
4. A case presented with apparent dislocation with atrophy of shoulder muscles and arm, only partial motion. What anatomical points would decide between dislocation of shoulder and paralysis of deltoid?
5. What nerve supplies sup. oblique muscle of eye, and what defect of vision would you have in paralysis of same? What nerve supplies ext. nectus; what would you find in paralysis of that muscle?
6. What is the most common point of fracture of the humerus? What are some of the sequelae?
7. Give surface marking of brachial artery.
8. Give surface marking of femoral artery (common and superficial); where best compressed? Where best ligated?
9. In lateral lithotomy, name anatomical points to be avoided?
10. Give the anatomical position of the deep epigastric artery to direct and indirect hernia.

OBSTETRICS AND DISEASES OF WOMEN.

Dr. W. M. Lester, Examiner.

1. With what conditions may pregnancy be confounded,
2. (a) How does placenta praevia de-

velop? (b) Where does the hemorrhage come from that endangers the mother's life? (c) In what way is the child's life endangered in this condition? (d) How would you treat a case of placenta praevia when hemorrhage occurs prior to full term?

3. How would you treat a case of post partum hemorrhage?

4. What are the prodromal symptoms of eclampsia, and what would you do to prevent it?

5. How would you treat a case of prolapse of the arm in a transverse position?

6. How would you treat a case of retained placenta?

7. Under what conditions is a physician justified in inducing premature labor?

8. What symptoms and conditions would cause you to suspect twin pregnancy,

9. How would you perform a curettage after an incomplete abortion?

10. What are the ultimate dangers from gonorrhoea in the female?

SURGERY.

Dr. H. L. Shaw, Examiner.

1. Causes which retard, interfere with, or prevent a wound from healing: (1) in wound itself; (2) in subject of wound; (3) in treatment.

2. To promote the primary union of a wound, name six important factors.

3. When a visible part is inflamed, there are four notable phenomena to be observed; what are they?

4. (1) What causes bedsores? (2) How would you prevent them, (3) When present, how would you treat them?

5. Acute orchitis: (1) etiology; (2) symptoms; (3) treatment.

6. How would you treat chronic ulcer of the leg?

7. Give symptoms and treatment in downward dislocation of the head of the humerus.

8. How would you treat a simple fracture of the middle third of the femur?

9. Necrosis of the lower third of the femur in a boy of twelve years; Give early symptoms and treatment.

10.. In amputating the lower third of the leg, give the several steps of the operation, including dressing.

MATERIA MEDICA.

Dr. J. L. Napier, Examiner.

Junior Curriculum.

Give the dose and physiological effect of:

1. Fl. ext. ergot.
2. Sulphate spartein.
3. Veratrum viride.
4. Chloral hydrate.
5. Tinct. digitalis.

THERAPEUTICS.

Senior Curriculum.

In treating the following diseases, give dose, frequency of administration and physiological effect of drugs used; also other remedial measures used, giving physiological effect and mode of use:

1. Acute articular rheumatism.
2. Acute lobar or croupous pneumonia.
3. Erysipelas.
4. Dysentery.
6. Dysmenorrhoea.
7. Orchitis (non-specific).
8. Acute nephritis.
9. Acute gastritis.
10. Gastric ulcer.

BACTERIOLOGY AND PATHOLOGY.

Questions by the Board for Dr. J. O. Rosamond, Examiner.

Junior Curriculum.

1. What is meant by aerobic bacteria? What is meant by anaerobic bacteria?
2. Name three most important culture media.
3. State briefly the morbid anatomy of
4. What connection has typhoid fever with the formation of gallstones? catarrhal appendicitis. with the formation of gallstones?
5. Differentiate between fatty degeneration and fatty infiltration.

MEDICAL JURISPRUDENCE.

Senior Curriculum.

1. In what condition would you expect to find lungs, kidneys and heart after death from asphyxia,
2. What is the difference in the appearance of burns produced before death and those made after death?
3. When a physician takes charge of a case gratuitously, is he exempt from the charge of malpractice if it can be proven that his treatment was improper, or that he neglected his patient?
4. What causes rigor mortis?
5. In women what is the last of the internal organs to putrefy?
6. What is the duty of the physician

when it is necessary for him to take down a dying declaration?

7. In a case of suspected infanticide, describe the method of determining whether the child breathed or not.

8. What is legally meant by foeticide? Is the criminality of the act any greater if performed after quickening than before?

9. State briefly the difference between idiocy and mania.

10. In death by lightning, in what condition would you expect to find the heart? In what condition the other internal organs?

(Juniors will answer all the questions on Bacteriology and Pathology, and the first, second, third, fourth and seventh on Medical Jurisprudence.)

Seniors will answer all questions on Medical Jurisprudence.

Pledge.

I certify upon my honor that I have neither given nor received assistance in answering any of the questions contained in this examination.

Alphabetical List of Applicants For License to Practice Physic and Surgery

In this state who passed satisfactory examinations before the State Board of Medical Examiners of South Carolina, June 9-10-11, 1908, at Columbia, S. C.:

James Leland Anderson, Moore, S. C., University of Maryland, 1908.

William Rowan Barron, Charleston, S. C., Medical College of the State of South Carolina.

William J. H. Booker, Columbia, S. C., Leonard Medical College, 1908.

Charles Hiram Burton, Ware Shoals, S. C., University of Georgia, 1903.

Harvey Otis Byrd, Scranton, S. C., Atlanta School of Medicine, 1908.

John Newton Campbell, Carthage, N. C., Medical College of the State of South Carolina, 1908.

Francis Nunez Cardoza, Manning, S. C., Howard University, 1907.

Julian T. Coggeshall, Darlington, S. C., University of Louisville, 1907.

Sarah Elizabeth Coker, Darlington, S. C., Woman's Medical College of Pennsylvania, 1908.

Robert Emmet Corley, Aiken, S. C., University of Georgia, 1908.

William Johnstone Cranston, Warrenville, S. C., University of Georgia, 1908.

Charles A. Dawkins, Carlisle, S. C., Leonard Medical College, 1908.

Harley Stafford Feagin, Bethea, S. C., Medical College of the State of South Carolina, 1908.

James Shelton Fox, Charleston, S. C., University of Maryland, 1907.

Warren Edward Fulmer, Columbia, S. C., Atlanta College of Physicians and Surgeons, 1908.

David H. Funderburk, Pageland, S. C., Maryland Medical College, 1904.

Edgar Fassin Green, Sumter, S. C., Medical College of the State of South Carolina, 1908.

Thomas Wilkin Gunter, Paxville, S. C., Medical College of the State of South Carolina, 1908.

James Harris Hunter, Cherokee Falls, S. C., University of Tennessee, 1908.

Thomas Amos Jones, Mountville, S. C., Howard University, 1906.

Fletcher Jordan, Richmond, Va., University of Virginia, 1906.

Clarence L. Kibler, Columbia, S. C., Maryland Medical College, 1907.

Charles James Lemmon, Lynchburg, S. C., Medical College of the State of South Carolina, 1908.

Elbert Beecher Liddell, Whaley, Miss., Leonard Medical College, 1908.

Robert Othello McCutchen, Bishopville, S. C., University of Maryland, 1907.

Arthur Perritt McElroy, Union, S. C., Medical College of the State of South Carolina, 1907.

George Fleming McInness, Charleston, S. C., Medical College of the State of South Carolina, 1908.

Ernest Harrison Moore, Silver Street, S. C., Medical College of the State of South Carolina, 1907.

Matthew Singleton Moore, Sumter, S. C., Medical College of the State of South Carolina, 1908.

Oscar Wellbourne Nettles, Foreston, S. C., Medical College of the State of South Carolina, 1908.

Julius Alexander Parker, Columbia, S. C., Medical College of the State of South Carolina, 1907.

Richard Morris Pollitzer, Charleston, S. C., Medical College of the State of South Carolina, 1908.

Thomas Herbert Pope, Newberry, S. C., Medical College of the State of South Carolina, 1908.

Joseph Sumter Rhame, Charleston, S. C., Medical College of the State of South Carolina, 1908.

George Franklin Roberts, Lexington, S. C., University of Tennessee, 1908.

Edwards James Rogers, Ninety-Six, S. C., Medical College of the State of South Carolina, 1908.

Herbert Jerome Rosenberg, Greenwood, S. C., University of Maryland, 1908.

Edward Joseph Sawyer, Bennettsville, S. C., Meharry Medical College, 1908.

William David Simpson, Abbeville, S. C., University of the South, 1904.

Garden Clarkson Stuart, Eastover, S. C., University of Virginia, 1901.

Derbe Hoster Swengel, Lewisburg, Pa., University of Maryland, 1908.

Eugene Marion Thomas, Newry, S. C., Baltimore College of Physicians and Surgeons, 1907.

John Lesley Valley, Pickens, S. C., Tennessee Medical College, 1907.

Charles P. Vincent, Jr., Varnville, S. C., Baltimore Medical College, 1907.

Otis Sumter Warr, Lamar, S. C., University of Nashville, 1907.

Edward Theron Kelly, Darlington, S. C., Medical College of the State of South Carolina, 1908.

Osteopath Record.

Walter Keith Hale, Hendersonville, N. C., Philadelphia College and Infirmary of Osteopathy, 1907.

FLIES.

The Board of Health of New York City has distributed cards among householders, hotel and restaurant proprietors, with the following rules and comments:

"Keep the flies away from the sick, especially those ill with contagious diseases. Kill every fly that strays into the sick room. His body is covered with disease germs.

"Do not allow decaying material of any sort to accumulate on or near your premises.

"All refuse which tends in any way to fermentation, such as bedding, straw, paper waste and vegetable matter, should be dis-

posed of or covered with lime or kerosene oil.

"Keep all receptacles for garbage carefully covered and the cans cleaned or sprinkled with lime or oil.

"Keep all stable manure in vault or pit screened or sprinkled with lime, kerosene or other cheap preparation.

"See that your sewerage system is in good order; that it does not leak and is up to date and is not exposed to flies.

"Pour kerosene into the drains.

"Cover food after a meal; burn or bury table refuse.

"Screen all food exposed for sale.

"Screen all windows and doors, especially the kitchen and dining room.

"Burn pyrethrum powder in the house to kill the flies.

"Don't forget that if you see flies their breeding place is nearby filth. It may be behind the door, under the table or in the cuspidor. If there is no dirt and filth there will be no flies.

"If there is a nuisance in the neighborhood write at once to the Health Department."

Book Reviews

SURGICAL THERAPEUTICS.

By Dr. Emory Lanphear, M. D. Ph. D., LL. D., St. Louis, Mo. Professor of Surgery, Hippocratean College of Medicine; formerly Professor of Operative Surgery in the Kansas City Medical College and Professor of Surgery in the St. Louis College of Physicians and Surgeons. Chief Surgeon to the Woman's Hospital of the State of Missouri. Pp. 396. Chicago. The Clinic Publishing Company. 1907.

Dr. Lanphear suggests that perhaps a better title for his little book would be "Practical Suggestions for the Management of Surgical Cases." This gives a good and definite idea of the purpose of the work. In his foreword he says that there are hundreds of books telling how to operate—not one describing the proper management of the patient without operation. Almost as many give careful directions as to when operations should be done—but with only trifling mention of the proper preparation of the patient for the operative work, of the best

way to make him comfortable after operation, or of the right management of the wound to get ideal results. In other words: there is no work on the non-operative treatment of surgical conditions. The object of this little work is to give some of the important points neglected by or omitted from the more elaborate works on surgery. We believe that he has completely accomplished his purpose, and there are many surgeons, beyond the reach of hospitals, who will find many practical and profitable points in the perusal of this little volume.

SURGICAL ANATOMY.

A Text-Book of Surgical Anatomy. By William Francis Campbell, M. D., Brooklyn, New York, Professor of Anatomy, Long Island College Hospital; Attending Surgeon to the Methodist Episcopal Swedish, and Brunswick Hospitals; Consulting Surgeon to the Jamaica Hospital. With 319 original illustrations. Pp. 675. Philadelphia and London. W. B. Saunders Company. 1908.

The author of this work in his preface remarks that anatomic facts are dry only as they are isolated. Translated into their clinical values they are clothed with living interest. Professor Campbell, we take occasion to say at once, has come nearer clothing these facts with this interest than any author we have had the good fortune to peruse, and we will say in passing that the beautiful mechanical work Saunders has put into the book is a striking contribution to its attractiveness. The author has the avowed purpose of writing this book to aid the student and practitioner in mastering the essentials of practical anatomy, and only those facts have been selected which have a practical bearing and interest for the surgeon. The work therefore, while not being a detailed treatise, is full of live interest from cover to cover, and the value of the text is undoubtedly enhanced by the superb illustrations which are the work of Mr. F. A. Deck, for the most part. We commend the work as intensely practical and therefore, in the highest degree, useful.

ORTNER'S TREATMENT.

Treatment of Internal Diseases, for Physicians and Students. By Dr. Norbert Ortnier, of the University of Vienna. Edited by Nathaniel Bowditch Potter, M. D., Visiting Physician to the New York City Hospital, to the French Hospital, and to the Hospital for

Ruptured and Crippled, Instructor in Medicine, Columbia University. Translated by Frederick H. Bartlett, M. D., from the fourth German Edition. Philadelphia and London. J. B. Lippincott Company. Pp. 658.

This collection of Professor Ortner's lectures on therapeutics is well worthy of the popularity with which it has met. While it is easy to notice throughout the work the many differences both in drug and mechanical therapy which exist between the accepted practice in Europe and in this country, yet the intelligent reader will gain many practical valuable points which he can put into use with advantage. Throughout the volume we find emphasized the importance of mechanical, dietetic, climatic, hydrotherapeutic, and other extra-medicinal measures. The work has been edited by Dr. Nathaniel Bowditch Potter, of New York, who it appears is confessedly skeptical as to the efficacy of drugs, or at least of many drugs, and his implied caution to the reader not to depend upon drugs, intelligently used, which is professed by a man with so enormous a practical experience as Professor Ortner. As a matter of fact we are constrained to believe that the cynical doctrine of therapeutic nihilism is about to be annihilated by the newer facts, and conscientious students, of medicine, and to our mind the popularity of Professor Ortner's book is one of the signs of the times.

PAIN.

Its causation and Diagnostic Significance in Internal Diseases. By Dr. Rudolph Schmidt, Assistant in the Clinic of Hofrat Von Neusser, Vienna. Translated and edited by Karl M. Vogel, M. D., Instructor in Pathology, College of Physicians and Surgeons, Columbia University; &c., and Hans Zinsser, A. M., M. D., Instructor in Bacteriology, College of Physicians and Surgeons, Columbia University, &c. Pp. 326. Philadelphia and London. J. B. Lippincott Company.

It is a pleasure to find a European medical scientist who is so imbued with the importance of the subjective evidences of disease that he has undertaken to write a volume upon the subject of one subjective symptom. It has always seemed to us that no case of disease could be thoroughly understood without a complete knowledge of the anamnesis, and of this, in many diseases, pain is certainly a conspicuous factor. The author expresses his belief that in addition to the organic processes to which the manifestations of pain are due, and the topo-

graphical factors underlying their projection externally, their relationship to function is especially important from the standpoint of facilitating diagnosis. We believe there are very few American physicians who will not agree with this proposition. Dr. Schmidt has discussed his subject in a systematic and interesting manner and has avoided weighting down his discussion with extraneous theories or a collection of references, and he justifies his dogmatic method of presentation by the fact of his long-standing hospital connection and his long experience in teaching. The little book can be read through in a few hours, and its purchase will well repay the busy practitioner.

PULMONARY TUBERCULOSIS.

Pulmonary Tuberculosis and Its Complications. By Sherman G. Bonney, M. D., Professor of Medicine, Denver. Octavo of 778 pages, with 189 original illustrations, including 20 in colors and 60 X-ray photographs. Philadelphia and London. W. B. Saunders Company, 1908. Cloth, \$7.00 net; Half Morocco, \$8.50 net.

In his modest preface Professor Bonney declares that this book is not intended for skilled specialists in the treatment of pulmonary affections, but for the use of general practitioners whose opportunities for clinical studies may have been somewhat limited. In spite of his disclaimer we should say that the work is an unusually complete effort outlining the clinical aspects of pulmonary tuberculosis and its various complications. The author's wide experience combined with his facility of expression makes the work of unusual interest and value. His judicial attitude is clearly apparent in the conservatism with which he treats modern theories and practices, holding firmly to such things as time has proven to be good, while at the same time clearly considering those theories and procedures which are as yet too new to be accepted as firmly established. The author is a militant disciple of the work for prevention of consumption, which he says has been for years the most vital sociologic and economic problem of all civilized races. In discussing his personal observations upon the use of the bacterial vaccines in the specific treatment of tuberculosis it is interesting to observe that his more recent practice in the use of both tuberculin and bacterial vaccines is to determine the dosage without reference to the opsonic in-

dex; this, because determinations of the index sufficiently frequent to afford a basis for substantial accuracy of dosage were almost impracticable. He concludes that in the light of later experience it is questionable if, for general usage, the clinical method of dosage, influenced solely by the symptomatic course, is to be displaced by the laboratory method, controlled upon the observation of the opsonic index. This is the recent conclusion also of Trudeau, Baldwin, Brown, and other clinicians in various parts of the country. The work is handsomely illustrated and the mechanical excellence of the book is fully up to the Saunders standard. It will prove a valuable addition to any library.

DIAGNOSIS BY THE URINE.

The Practical Examination of Urine with Special Reference to Diagnosis. By Allard Memminger, M. D., Professor of Chemistry and Hygiene and Clinical Professor of Urinary Diagnosis in the Medical College of South Carolina, etc, etc. Third edition, enlarged and revised with 27 illustrations. Pp. 116. Cloth, price \$1.00. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1908.

Dr. Memminger gives us a practical and concise little manual of invaluable service to the student, and to the busy practitioner for quick reference. It has been adopted as a text book in several schools. The author tells us that in carefully revising this third edition, he has added a little more matter, but has kept to the original idea of not making the book too bulky. Tests have been added here and there which seemed to him of service in his work, a reliable and practically useful method for the quantitative estimation of uric acid, a quantitative method for chlorids, a general outline of the anatomy of the kidneys, and a short method for estimating the permeability of the kidneys. He has seen, too nothing since the publishing of the second edition to change his views in regard to the chapter on the absolutes and relative absolutes of solids and urea in urine; far from it, in this edition he calls forth caution to those who pass urine under the name of renal insufficiency, which is constantly free of albumin, but in which the solids and urea are as stated in that chapter. He too feels that the views expressed by him in that edition as to the significance of tube-casts have been but verified by his work since.

Current Reviews

MATERIA MEDICA AND THERAPEUTICS.

By E. A. Hines, M. D.

Digitalis.

Janeway enumerates as follows the causes for failure in the employment of digitalis, in order of their frequency and importance. 1. The use of inefficient preparations. 2. Use in unsuitable cases. 3. Improper dosage. 4. Improper methods of administration. 5. Neglect of other necessary therapeutic measures. 1. Inefficient Preparations. In order that we may be sure of giving efficient digitalis, and not inactive or irritating digitalis decomposition products, the following conditions must be fulfilled: (a) The leaves must be from plants of the second year's growth, picked at the beginning of efflorescence, freed from stalks, and carefully dried. (b) The dried leaves must be kept absolutely dark and free from moisture in sealed tin or glass containers, and for not more than one year. (c) The preparation dispensed must be freshly made from these leaves in exact accordance with the method prescribed by the Dispensatory. The worst digitalis preparation is an infusion made by diluting the fluid extract, thus precipitating all its active ingredients. Other inefficient forms are the many tablets or pills containing digitalis or digitalin. The only solid form in which digitalis should be given is the freshly powdered leaf in capsule or pill. Use in unsuitable Cases: The physician who gives digitalis to slow the heart in a paroxysm of tachycardia or in fever, to produce diuresis in acute nephritis, or to remove an inflammatory pleural effusion, is foredoomed to failure; yet all these are attempted, and faith in digitalis for its rightful uses is lost in consequence. He describes the newer heart physiology, which we owe largely to Gaskell and to Engelmann, and which has illuminated many dark corners of the subject. For rapid heart action one should use digitalis only when there is also some insufficiency of the ventricles. It is the ideal drug to combat general venous stasis. Controversy has also centered around the use of digitalis in aortic insufficiency. To the author's mind the indications here are quite the same. We aim to correct function, not structural defects. Is there loss of tone and diminishing systolic output, with scanty urine, congested liver and dropsy? Then give digi-

talís. When these phenomena appear in aortic disease, relative mitral incompetency frequently shows itself, and therapeutically and physiologically the problem differ little from primary mitral regurgitation. On the other hand, if the symptoms are merely orthopnea or paroxysmal dyspnea, or angiod pain, the digitalis has no place. We should get away from anatomic categories in our medical treatment. In all the surgeon's statistics, inoperable cases are carefully eliminated from the calculation of results. Medical men have inoperable cases, too; more of them than the surgeon. We must endeavor to restore function, even when anatomic change has progressed to a degree incompatible with life. But, when we come to query the value of this or that method of treatment, we are justified in attempting to separate such cases as well as may be.

3. Improper Dosage: The only guide to dosage is therapeutic result. This means a clear-cut picture of the indications for the drug in the particular case, close observation of its effects, and knowledge of its earliest toxic manifestations.

4. Improper Methods of Administration: Physicians often persist in administering the drug by the mouth, when frequent vomiting shows how little hope there is for absorption from the stomach. Two other paths of absorption are readily available: the rectum and the subcutaneous tissues. Half an ounce of infusion, per rectum, three times a day, will give about as prompt results as by mouth.

5. Neglect of Other Necessary Therapeutic Measures: A few nights robbed of their sufferings by morphine, may turn the scale in many heart cases. As an adjuvant treatment the dry diet stands high. Free purgation will help to relieve the secondary portal congestion. When anemia is marked, iron is essential. In a different category come the vasodilating drugs, which must be given with digitalis to counteract its arterial constriction in certain cases of hypertension.

Roentgen Treatment.

Levy-Dorn gives several examples of conditions indicating Roentgen treatment, as a guide to the general practitioner. Leukemia, sarcoma, lupus, sycosis, favus, rebellious psoriasis, pruritus and eczema are liable to be much benefitted, he declares, as also are chronic joint affections, enlarged prostate and goiter, chronic rheumatism, ex-

ophthalmic goiter and certain neuralgias.

Pertussis.

Fendler reports cases of pertussis in which fifteen drops of a 2 per cent. solution of antipyrin were injected into the larynx, "with phenomenal success," by means of a special pipette devised by Dr. Yankaur.

PRACTICE OF MEDICINE.

Treatment of Congenital Laryngeal Stridor. (Abstract)

In July, 1907, Friedlander reported a case of Status Lymphaticus and Enlargement of the Thymus, occurring in a male infant, in whom whistling inspiration and paroxysms of dyspepsia with cyanosis began to manifest themselves at the age of five weeks. The physical signs of enlarged thymus were very definite. As the symptoms grew steadily worse in spite of inunctions and internal medication, treatment by X-ray exposures was instituted when the child was eight weeks of age. Within two weeks distinct improvement was apparent and under a continuation of the treatment the progress to complete recovery was continuous and uneventful.

Encouraged by this result it was thought best to follow a similar course in the case under consideration before suggesting operation. X-ray exposures were begun on Sept. 14, using a tube of moderate hardness, energized by a static machine. The first exposures were made at a distance of twelve inches but later this was reduced to ten inches. The first exposures were short, only one minute anteriorly and an equal time posteriorly; this was gradually increased as time went on and during the latter part of the course the front of the chest was given ten minutes and the back five minutes. Six exposures were given in the first eleven days and as early as this improvement manifested itself by longer periods of quiet sleep at night and less labored respiration during the day. A rest of ten days was then ordered to await developments but at the end of five days the mother brought the baby for further X-ray treatments, saying that the trouble had increased in severity as soon as these were discontinued. From this time they were given as nearly every day as the weather permitted. In all forty-seven exposures were given. Nothing more than a transient erythema at the site of exposure

was seen on the skin at any time.

Improvement took place gradually but steadily. The rest became quieter at night, the crowing diminished in intensity and the periods of freedom became longer, the bowing forward of the sternum and the indrawing of the suprasternal notch and epigastrium gradually diminished. The size of the thymus as indicated by the physical signs steadily grew less.

In the latter part of October the administration of thyroid gland was begun with a twofold purpose; to prevent any nutritional disturbance which might result from a partial interference with the activity of the thyroid gland as this could not be entirely protected from the rays; and to make use of which Solis-Cohen has directed attention. The improvement which was already taking place under the X-ray exposures continued uninterruptedly while the thyroid gland was being given and seemed to be perhaps a little accelerated by it, but no definite opinion as to its beneficial action can be given.

The last X-ray exposure was given December 11th. By this time the area of thymic dullness was reduced to a half-inch equilateral triangle behind the manubrium. The dull area posteriorly had disappeared long before. The baby slept quietly all night and breathed quietly most of the day, but still had a trace of the inspiratory crow when crying hard or when greatly excited.

Improvement continued after the X-ray treatments were discontinued and on Feb. 11, 1908, the following note was made: "Normal baby, no thymic dullness, no bowing of sternum with inspiration, no abnormal sound with inspiration except an occasional little snort. There is a slight indication of a tendency to pigeon breast."*

In conclusion the interesting features may be summarized as follows:

1. Coexistence of the clinical features of congenital laryngeal stridor with physical signs strongly suggesting enlargement of the thymus gland.
2. Disappearance of these physical signs under X-ray treatment.
3. Coincident clearing up of the symptoms of laryngeal tridor.

It is not maintained that every case of congenital laryngeal thymus as a causative factor, but it is maintained that such an enlargement may give rise to this symptom

complex and that cases of this character are within the reach of our therapeutic resources.

When seen May 25, 1908, this tendency to the formation of a pigeonbreast had most completely disappeared and the child's general condition was satisfactory in every way.—A. W. Meyers, in Wisconsin Med. Jour.

Ocular Tuberculin Reaction.

Butler reported in May, 1908, conclusions based on certain cases to the effect that the reaction, though sometimes obtained in the non-tuberculous and sometimes absent in the certain tuberculous cases, was at any rate devoid of danger to the healthy eye. He now reports, however, that three of the patients on whose cases he based this view, have done badly. In one case, a typical tuberculous process was set up in a perfectly normal eye and the central nebula will considerably reduce the visual acuity of the eye. He has therefore abandoned the method, and considering that it is often deceptive and may do great damage he holds its use unjustifiable.—British Med. Jour.

Inebriety is so varied in form, so subtle in operation, so intricate in development and so complex in causation, that its treatment is no easy task. No disease is more common and yet none so seldom recognized. It is more widespread than tuberculosis, yet nearly every state in our Union is taking measures to prevent and to treat consumption, but, save among a few enlightened people, drunkenness is regarded purely as a vice, a folly or a sin. People look on the drunkard as a good-for-nothing scapegrace. The preacher denounces him as willingly guilty of heinous sin. The judge punishes him as a criminal offender.—Jour. Am. Med. Assoc.

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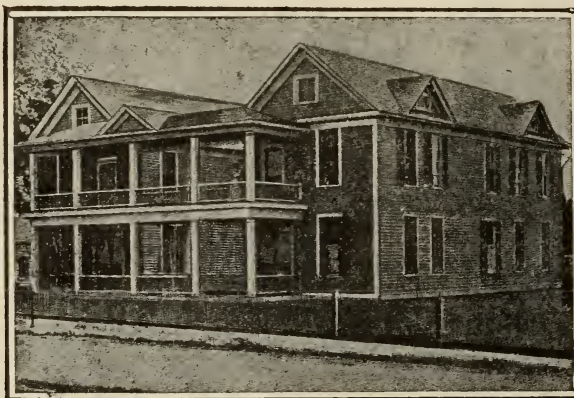
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To win success a physician must beware of getting into ruts and becoming "old-fashioned", of closing his mind against new truths. The world moves and Medicine with it! When a man ceases to progress, he commences to retrograde. Don't be a back number. **Investigate! Prove for yourself.**

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Go slow in accepting negative arguments. They are not worth much, and are always worthless until subject to the crucial test of practical application. Go slow and sure but do not stand still.

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South Carolina Medical Association

Next Annual Meeting at Summerville, S. C., April 14, 1909.
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TABLE OF COUNTY SOCIETIES AND OFFICERS.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society.	President.	Secretary	Time of Meeting.
Abbeville.....	J. W. Wideman.....	C. C. Gambrell, Abbeville...	Semi-Mo., 1st and 3rd Mon Monthly, 1st Monday.
Anderson.....	W. H. Nardin, Jr.....	J. R. Young, Anderson.....	
Aiken.....	A. Holsonback.....	Harry H. Wyman, Aiken ..	
Bamberg	J. J. Cleckley, Bamberg....	Semi-Mo., 1st and 15th.
Barnwell.....	A. B. Patterson	L. F. Bonner, Blackville...	
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal....	
Charleston...	John L. Dawson.....	A. J. Jervey, Charleston...	Monthly, 1st Monday.
Cherokee.....	.....	B. L. Allen, Gaffney.....
Chester.....	W. DeK. Wylie	W. B. Cox, Chester	
Clarendon....	A. S. Todd.....	C. B. Geiger, Manning.....	Monthly, 1st Monday.
Chesterfield...	T. E. Lucas.....	J. W. McCannless, Chesterfiel	
Colleton.....	W. A. Kirby.....	L. M. Stokes, Walterboro...	
Darlington...	J. F. Watson.....	J. C. Lawson, Darlington...	Monthly, 1st Monday
Dorchester...	J. P. Mellard	E. W. Simons, Summerville	
Edgefield.....	.....	J. G. Edwards, Edgefield...
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro.	Monthly, 1st Friday.
Florence.....	A. G. Eaddy.....	W. E. Mills, Timmonsville...	
Georgetown...	Olin Sawyer	W. M. Gaillard, Georgetown	
Greenville....	J. W. Jervey.....	W. M. Burnett, Greenville...	Monthly, 1st.
Greenwood....	W. P. Barratt	J. B. Hughey, Greenwood...	
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	
Horry.....	H. H. Burroughs.....	J. A. Norton, Conway.....	Monthly, 2d Monday.
Kershaw.....	W. J. Dunn.....	A. W. Burnet, Camden.....	
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.	Bi-Monthly, last Monday. Monthly, 1st Tuesday. Quarterly.
Lexington....	J. W. Geiger.....	J. J. Wingard, Lexington...	
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork....	
Marlboro....	J. H. Reese.....	J. C. Moore, McColl.....	Monthly, 3rd Tuesday.
Newberry....	P. G. Ellisor.....	W. E. Pelham, Jr., Newberry	
Oconee.....	D. L. Smith.....	H. E. Rosser, Westminster .	
Orangeburg...	W. L. Pou.....	L. C. Shecut, Orangeburg...	Monthly, 2nd Wednesday.
Pickens.....	D. B. Gilliland.....	H. E. Russell, Easley.....	
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia...	
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	Monthly, last Friday.
Spartanburg...	J. L. Jefferies.....	W. G. Sexton, Spartanburg...	
Sumter.....	H. M. Stuckey	F. K. Holman, Sumter.....	
Union.....	S. G. Sarratt.....	T. Maddox, Union.....	Monthly, 1st Thursday.
Williamsburg..	W. S. Lynch.....	J. B. DuRant, Lake City ..	
York.....	J. H. Saye.....	E. W. Pressley, Clover.....	

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As an immediate incentive for the increase of energy and activity on the part of the Secretaries of the various County Medical Societies in this State, THE JOURNAL is arranging for a series of prizes to be given away at the end of the fiscal year—December, 1908.

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There are perhaps 300 eligible doctors in South Carolina who are not yet members of their County Societies. Every single one of them should be SYSTEMATICALLY and REPEATEDLY solicited by the Secretary of the Society in the county in which he lives. NOT ONE OUT OF TWENTY of them will refuse to join if properly approached and kept reminded of the advantages of the organization.

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1. One collection of these valuable books will be given to the County Medical Society Secretaries in this State who can report, for the fiscal year 1908 (that is from January 1, to December 31, 1908) the largest percentage of increase in his County Society membership.

2. Another medical collection will be given to that Secretary who reports the largest actual net gain in membership for his County Society during the year.

3. A third collection of up-to-date medical works will be given to that Secretary who reports for the year the largest average attendance on regular meetings of the Society in proportion to the total membership of the Society.

4. Still another handsome collection of recent classical medical works will be given to that Secretary who, during the year, outlines the best plan for increasing and maintaining the interest and membership of the County Medical Society. This plan must be gotten up in typewritten form and may be submitted to the Editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal and shall be confined, if possible, to not more than five hundred words.

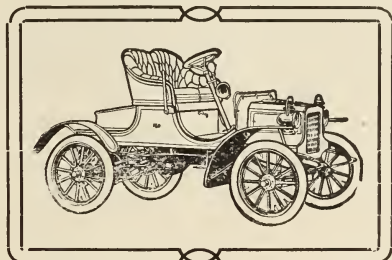
The awarding of these prizes will be in the hands of the Board of Councilors of the Association, and the Editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

Through the courtesy of the publishers, Messrs. J. B. Lippincott Company, of Philadelphia, we have already in hand for part of the above prizes, PIERSON'S ANATOMY, and INTERNATIONAL CLINICS, Series XVII. Volumes I to IV. Another prize will be a full set of Modern Clinical Medicine, published by D. Appleton & Co.

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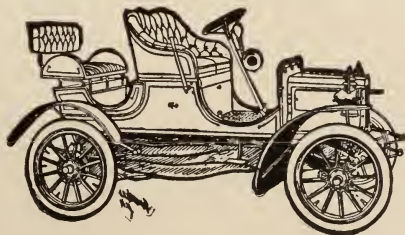
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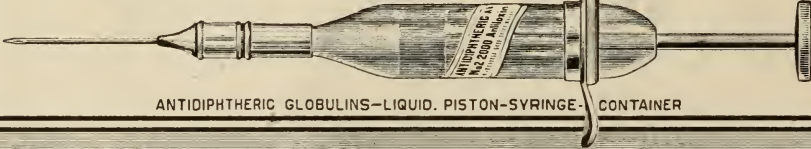


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The Journal OF THE South Carolina Medical Association



Volume IV.

Greenville, S. C., October, 1908

Number 10

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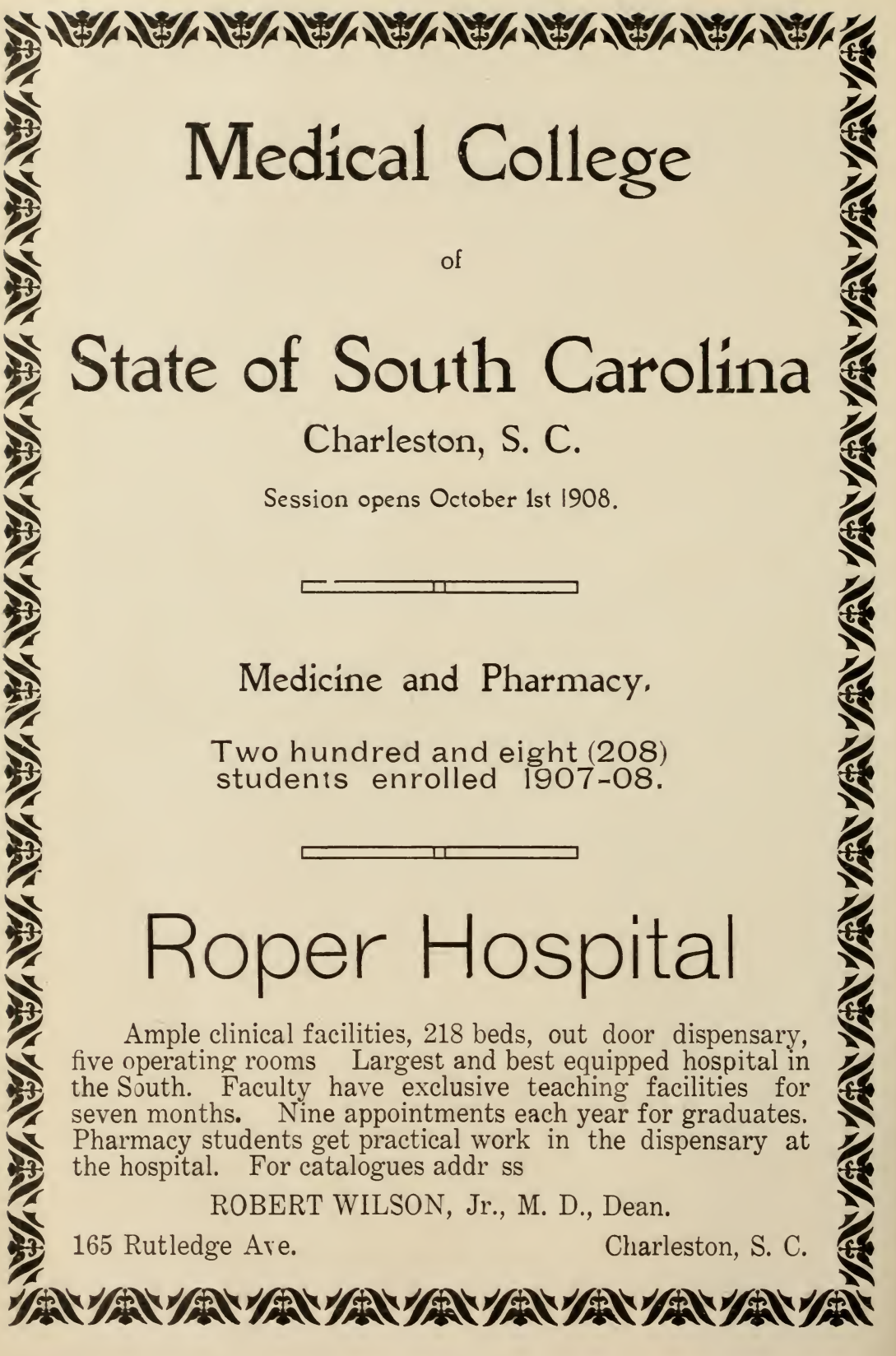
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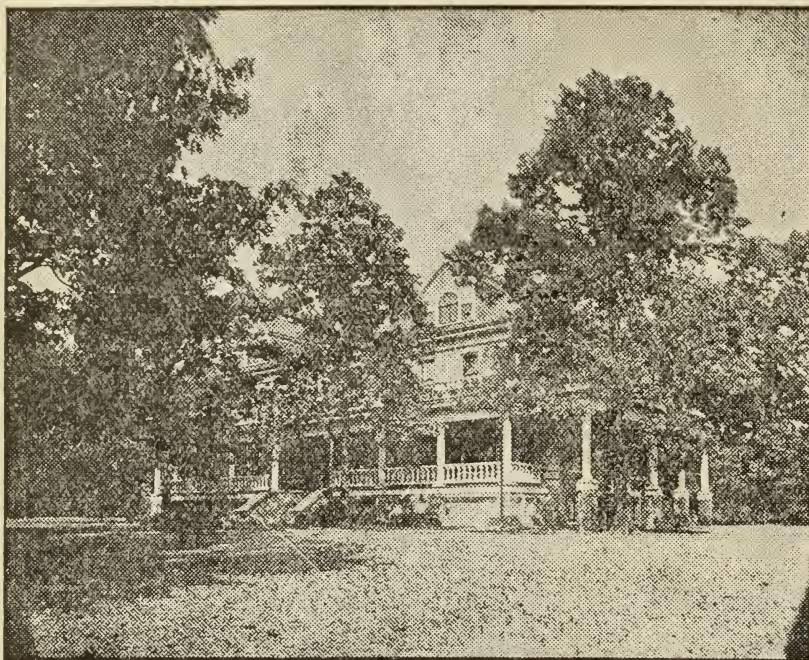
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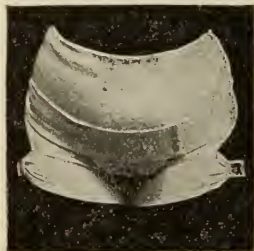
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The Journal of the South Carolina Medical Association

Published Every Month Under the Direction of the Board of Councilors

Office of Publication, Bank of Commerce Building, Greenville, S. C.

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VOL. IV.

J. W. JERVEY, M. D., EDITOR

No. 10

OCTOBER, 1908

ANNUAL SUBSCRIPTION, \$2.00

The **Journal** is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession, to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of [the] editor by the 5th of each month.

Proofs of all Original Articles appearing in the Journal are revised and corrected by their authors. The Journal is in no sense responsible for expressions in Original Articles.

Business communications relating to subscriptions and advertising should be addressed to

Journal S. C. Med. Assn., Greenville, S. C.

Editorial

THE ANTI-TUBERCULOSIS CONGRESS.

It is safe to say that no meeting of medical men was ever held fraught with so much interest and importance to the public as the recent triennial meeting of the International Congress on Tuberculosis, in Washington. This particular meeting, of course, will benefit the United States more than any other country, not only because the modern scientific views of the cream of the world's profession have been heard and absorbed by great numbers of the rank and file of the profession of the United States, but also from the fact that thousands of influential lay citizens have had the opportunity to hear the clear, comprehensive words of masters, and to see, practically illustrated, the immeasurable advantages that are to be gained by an intelligent application of the means of prevention of the greatest scourge of the universe. This, after all, is the key-note of the Congress—education, education of the people.

The splendid exhibits which were

open for inspection for a period of three weeks, made a practical demonstration which, we believe, has never been surpassed, and which cannot fail to be a most important factor in the education of the masses. There is nothing in the way of speech, or of written word, which can approach the force of showing—letting the eye behold. Already the cue has been accepted by the health authorities of many states, and there will be, within the next few months and years, tuberculosis exhibits in hundreds and thousands of communities throughout the country. Our own State Board of Health has become imbued with this general enthusiasm and has completed arrangements, we are informed, to have an exhibit on view during the week of the State Fair, in Columbia, this month. This is admirable progress, and the Board as well as the people, are to be congratulated on the movement.

In the scientific session of the Congress many new theories were advanced and many new suggestions were made for the prevention and treatment of tu-

berculosis. Many months, or even years, must pass before all of these theories can be tested and sifted out, the true ones retained and the untrue rejected. The next meeting of the Congress which will be held in Rome, Italy, in 1911, will bring to light perhaps what truth or error is contained in most of the theories at this Congress; and so by three years' strides this great body of scientists and intelligent laymen will advance the cause of the study and prevention of tuberculosis and we may believe with every justification that before another generation has passed the mortality in civilized communities from this dread disease will be undeniably fading away.

It has been a matter of some regret to a great many professional men that so much of the discussions of the scientific sessions of the Congress found its way into the newspapers of the day; but in such a large congregation of persons and especially where the public was freely invited to participate it could hardly have been otherwise. The most interesting discussion of the Congress was, of course, the question of the correctness of Professor Koch's attitude in regard to the transmission of bovine tuberculosis to the human race. Professor Koch was there to defend his theory and it cannot be denied that he did it well. The unfortunate part of the discussion, however, appears to us to be that his views have been more or less misrepresented, not only in lay papers, but also in medical papers.

As we understand it, Professor Koch's theory is, first, that there is an essential difference between the bovine and the human bacillus tuberculosis. This seems to be accepted quite freely by bacteriologists. He believes further that the bovine

type is acquired by the human being in rare instances, and that when it is acquired the lesions are present in the intestinal region and are not capable of developing pulmonary consumption. He does not believe, as do a certain number of bacteriologists, that the bovine type of bacillus, once acquired by the human being, is transformed into the human type of the bacillus. His position is that this theory must be proved. He does not deny, according to our understanding, that man can be infected by bovine tuberculosis, but he believes such infections to occur but rarely.

It appears, however, that the great majority of investigators believe that man is frequently the victim of infection from the bovine source. This, after all, is the only serious difference in the two view-points, and we believe that Professor Koch would not, for an instant, oppose the use of measures to prevent infection from any source, even if he does think some of these sources rarely dangerous. The only misfortune is that the public, in some degree, must learn of this scientific controversy, and not having the necessary technical education it fails to appreciate the full significance of the question, and is naturally likely to put the wrong construction on the whole discussion.

SOUTHERN MEDICAL ASSOCIATION.

The next annual meeting of the Southern Medical Association, with 6,027 members, will be held in Atlanta, Ga., November 10, 11 and 12, 1908. The spontaneous interest in every phase of the work by the entire membership promises a larger attendance and better results than any Southern meeting of medical men heretofore. The scientific program is an earnest promise of the scientific

feast with which those in attendance will be regaled. The chairman for the section on medicine is Dr. Seale Harris. Mobile, Ala., and the secretary is Dr. H. E. Mitchell, Birmingham, Ala. The chairman for the section on surgery is Dr. W. F. Westmoreland, Atlanta, Ga., and the secretary is Dr. J. L. Crook, Jackson, Tenn. The chairman for the section on ophthalmology is Dr. J. T. Herron, Jackson Tenn., and secretary is Dr. A. B. Harris, Birmingham, Ala. Part of section one of the constitution says:

"We recognize that a greater opportunity for self-advancement and achievement in the realm of scientific research is required by the progressive and cultured physicians of this district than is afforded by the States' societies, and which, on account of its large membership, is denied them in the American Medical Association. We believe that the profession as a whole will be benefitted by such a society, and assuredly that the members of this organization will have excellent opportunities to develop their talents.

"We believe that such an association will be a long stride forward in perfecting the plan of organization which has been so splendidly promoted by the American Medical Association, and will bring all the members in the district into closer touch and more perfect harmony with each other and the National Association."

All who are in accord with these purposes of the association, if not already members, should at once make application for membership, and attend the Atlanta meeting. Dr. B. L. Wyman, Birmingham, Ala., president, or Dr. Oscar Dowling, secretary-treasurer, Shreveport, La., would be glad to hear from all who desire to become members. The railroads have granted excursion rates, and one-third fare plus 25 cents, from all points embraced in the territory covered by this association. Tickets will be on

sale November 7, 8 and 9, good until November 14, leaving Atlanta with three days transit limit returning.

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If there are two grocers, equally as good men, with equally as good stocks, and charging an equal price for their goods, in your town, and one of them employed you to attend his family, and the other one employed another doctor to attend his family, which grocer would you patronize for your supplies? The answer is easy. But suppose both grocers employed you, in your professional capacity—you would probably divide your trade between them, would you not?

Now you have two families to attend where you had one before. You no longer have as much time to devote to raising your corn, or your wheat, or your potatoes, or your molasses, on your farm, but having two good patrons in the grocery business you purchase these necessities from them. Hence, while your business is increased you have increased the business of your grocers so that now each grocer may be getting as much business from you as only one got when you patronized one alone.

Now this is common ordinary business truth, and it applies to all branches of legitimate business. For instance: if one manufacturer advertises in this Journal, and another, of equal standing and merit in every respect, does not advertise in the Journal, then the first, the one who does advertise, is entitled to the patronage of the owners of this Journal. If neither advertise, one or the other might, or might not, get an uncertain amount of desultory business. If both advertise, their consistent efforts

to get business would result in an increase in the demand, and each would probably get as much business, or even more than the one got who advertised alone.

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This is the reason why "it pays to advertise"—and the wise ones know it.

"BRAZENRY."

The Cincinnati Lancet-Clinic only shows its irresponsibility and its dirty temper by criticizing this Journal as it has done. It has made the fatal mistake of quoting (at second-hand) a few sentences of ours, robbed of their clear contextual meaning, and robbed of prior and subsequent expressions which give an utterly different tone and meaning to the same. The quoted sentences, by the way, were uttered two years ago. When the Lancet-Clinic first attacked us, by means of its aforesaid second-hand (and third rate) cue, and gratuitously charged us with "brazenry", we hoisted

it on its own petard and exposed its past methods of padding its mailing list with unwilling subscribers and then trying to force them to pay. It is useless for the Lancet-Clinic to deny this, for we have in our possession the correspondence with "The Caxton Association, Collection Department" and with the Lancet-Clinic through its attorneys, Messrs. Baker and Thomas of Cincinnati, Ohio, to prove it, dated in the year 1904. Disreputable second-hand charges will not injure us, and vain, empty denials will not avail the Lancet-Clinic. We are quite willing that the decent medical profession of this country judge us. But let us not forget that "whom the gods would destroy they first make mad."

MEETING OF ANTI-TUBERCULOSIS COMMITTEE.

Dr. John L. Dawson, of Charleston, chairman of the committee appointed at the last meeting of the State association to suggest plans for organizing anti-tuberculosis work, has called a meeting of this committee, which is composed of one member from each county in the state, to convene in Columbia on October 29th, probably in the senate chamber in the state house. Columbia is the most central point for such a meeting, of course, and the above date, occurring during "Fair Week", will allow the members of this committee to take advantage of the reduced railroad rates. It is expected that a full attendance will be had, as the profession of the state is fully aroused to the immense importance of systematic organization for the prevention of tuberculosis. The following is the complete Committee:

Dr. John L. Dawson, Chairman, Charleston.

Dr. G. A. Neuffer, Abbeville.

Dr. W. H. Nardin, Anderson.
 Dr. Fillmore Moore, Aiken.
 Dr. J. J. Cleckley, Bamberg.
 Dr. R. C. Kirkland, Barnwell.
 Dr. W. A. Eve, Beaufort.
 Dr. B. B. Steedly, Cherokee.
 Dr. Frank Lander, Chester.
 Dr. T. E. Wannamaker, Jr., Chesterfield.

Dr. W. M. Brockington, Clarendon.
 Dr. W. A. Kirby, Colleton.
 Dr. Wm. Egleston, Darlington.
 Dr. F. Julian Carroll, Dorchester.
 Dr. R. A. Marsh, Edgefield.
 Dr. Saml. Lindsay, Fairfield.
 Dr. B. G. Gregg, Florence.
 Dr. W. M. Gaillard, Georgetown.
 Dr. Davis Furman, Greenville.
 Dr. G. P. Neel, Greenwood.
 Dr. C. A. Rush, Hampton.
 Dr. G. P. Norton, Horry.
 Dr. J. W. Corbett, Kershaw.
 Dr. T. L. W. Bailey, Laurens.
 Dr. C. W. Harris, Lee.
 Dr. C. W. Barron, Lexington.
 Dr. A. M. Brailsford, Marion.
 Dr. W. J. Crosland, Marlboro.
 Dr. P. G. Ellisor, Newberry.
 Dr. E. A. Hines, Seneca.
 Dr. L. C. Shecut, Orangeburg.
 Dr. W. A. Tripp, Pickens.
 Dr. A. Earle Boozer, Richland.
 Dr. D. B. Frontis, Saluda.
 Dr. G. A. Bunch, Spartanburg.
 Dr. L. M. Parler, Sumter.
 Dr. D. H. Montgomery, Union.
 Dr. T. B. DuRant, Williamsburg.
 Dr. R. A. Bratton, York.

RECIPROCITY WITH ADVERTISERS.

The following excerpt from the minutes of the recent meeting (September, 1908) of the Kentucky State Medical Association will be of interest to our members, inasmuch as the progressive Kentucky association is evidently awake to the

possibilities of its own strength and influence, and is ready to exercise a decent reciprocity with the advertisers in its official Journal. This is exactly the policy we have been urging for nearly three years, and it will be generally adopted, sooner or later, by all the state associations. Such a policy is the only wise and decent one, and nothing could have a better influence for the stamping out of disreputable and irresponsible manufacturers.

THE PRESIDENT: The next subject is: "The Journal; Discussion as to How to Make it More Effective; Its Expense; Character of Advertising. How to Secure the Support of the Profession." Gentlemen, this is your Journal; it is important that it be maintained on the highest plane of efficiency. Any improvements you may care to suggest the Council will be glad to hear.

THE SECRETARY: I would like to ask if the gentlemen will be good enough to really discuss this question. I know you are taking an interest, because if we don't send a man his Journal we get a complaint right away. If you can make some suggestions that will enliven it we will be glad. It is yours, and we are just doing the work, and we want suggestions that will make it more valuable to you or your County Society. That is what it is for, and if it is not answering that purpose we will be very glad to hear from you.

(Here follows a number of suggestions on miscellaneous matters).

JNO. G. CECIL: There is one way in which I think we might be able to assist the editor, and that is in helping him to get nice clean advertisements. We can carry as many advertising pages as is wanted. They pay well. I believe if every delegate and member would interest himself in the Journal to the extent that whenever he had a little opportunity it would be of very great assistance to the Journal. I simply throw that out as a suggestion.

W. W. RICHMOND: Dr. Cecil mentioned a matter that has brought up

something to my mind. The circumstance occurred in Chicago in June. At an exhibit there a man had a buggy he wanted to sell, and I had occasion to look at the buggy. I asked them if it was advertised in Kentucky, and he said it was not. I said: "I will tell you what I will do; if you will give our State Journal an advertisement for this buggy I will take one of them. He said he did not know. Finally I hunted up Dr. McCormack, and we went around and talked with him. He said he would consider it. Shortly after I got home I had a letter asking me to get him a copy of the Journal, that he might see it. The matter dropped there, but he finally sent me another letter, wanting to sell me the buggy, and I wrote him saying that I would take the buggy when he sent in his ad. The Journal is between him and me. I said: "When I see your ad. in the Journal I will take your buggy." That is where things stand now, and I have great hopes yet of seeing that ad. in the Journal. (Laughter).

THE SECRETARY: Until one thinks about this thing he will have little idea of how much can be accomplished. I have been trying to get an advertisement from an instrument house for three years. They have always replied very courteously to my letter, and declined persistently to advertise. They said they did not advertise at all. Recently Dr. South and I had occasion to go to Cincinnati, and I found them especially pleasant. I went up to buy a good many things, and when I got through making my purchases I told them I was the man that had written them, but was unable to interest them; that I was satisfied that our Journal could do them a good deal of good; that we were not conducting simply a medical journal; that the doctors of Kentucky were behind the movement; that there were two thousand editors, and that every one was looking through the Journal every month, and they knew that the man who were advertisers were paying for the Journal, and if they knew — were advertising in the Journal they would prefer going there. He said "We will start with a quarter of a page, and we will take ten pages

if you can make it pay." When you think of a large house that the doctors of Kentucky must be paying twelve or fifteen thousand dollars a year, that we have not yet sufficiently impressed with the importance of helping us to make better doctors of ourselves, we fail in so far to do our duty. In the same way you will notice that ——— have dropped from our Journal. If the physicians of Kentucky could impress on them the importance of advertising in our Journal they would give anything in reason to get back into our Journal instead of insisting that we take them at one-fourth of what we charge our home advertisers. If the doctors would stop taking their products, because other houses manufacture products as good, they would come back. I do not believe in boycott or coercion, but if, when you can, you will leave a little hint that when you help our Journal you are helping others in the State, it will have good results. We have sanitarium advertisements from a couple of places in Illinois. Those gentlemen are carrying their advertisements with the greatest pleasure. They make their payments in advance because they say they are amply repaid by it.

Now the profit on pianos is very large, and it is just as easy to suggest to them when you have the price fixed, that if they would take an advertisement in your Medical Journal that it would help sell a good many more pianos, they will take it, in addition to making the best price on the old piano.

In the October issue we will have an advertisement of the Stewart Dry Goods Company of Louisville, a semi-mail order business. If that goes into your home, and you see some article in it, and you write for it, mentioning the Journal, we are going to get their ad. permanently. It is important to impress on the advertisers that you saw the advertisement in the Journal, of which you are one of the two thousand business managers, and that it is a magazine not conducted for profit. When you can convince them that there is no profit made by anybody out of the Journal; that if we can get \$500.00 more income we will spend it on the Journal, we can in time, if we

keep that up, make the Journal as good a medical journal as there is in the world, and we can send the Kentucky doctors every month a splendid volume of their own production.

G. J. HERMAN: It seems that it is quite a task to get advertisements for the Journal, but if each one of us doctors would ask the question of the book agent or pharmaceutical man when he comes into our offices: "Do you advertise in the Kentucky State Medical Journal," that one question, I believe, would bring a good many advertisements to our Journal. You don't have to go out of your office to do it. I would make that as a suggestion, that the doctors, when they leave this meeting would just inquire of every agent whether he advertises in the Journal.

THE SECRETARY: It would increase our advertisements \$5,000 next year if all the doctors who are in this room would do that.

Editorial Notes

The Journal of the Indiana State Medical Association sings this familiar refrain:

"Several county society secretaries in Indiana are dead. Cause of death, laziness or indifference, or both. Some have always been dead. They were corpses when elected and decomposition has set in. It is time to bury or burn them. Some ought to be burned in effigy. Nothing can be expected from resurrection, as we have tried it. Close up the line and fill the vacancy."

Now that's a cruel, cruel song, isn't it? We are more considerate of the tender feelings of our devoted secretaries. We offer prizes to our splendid fellows in South Carolina. Note the result! Out of about forty county societies, each with a crackerjack secretary we got exactly ONE communication for the Journal last month! This month we have the magnificent proportion of five.

Yes, we are improving, temporarily, at least.

The seventh annual meeting of the Association of Seaboard Air Line Railway Surgeons will convene in Columbia in the rooms of the Chamber of Commerce Tuesday and Wednesday of fair week. The local members of the association are going to exert themselves to the utmost to make the stay of the surgeons in Columbia pleasant and they will have the hearty cooperation of the Chamber of Commerce and citizens in making the visitors remember the seventh convention as more pleasant and instructive than any that have preceded it.

The Journal of the Kansas Medical Society says in its September issue:

"Every member of our society should interest himself in helping to get reputable medical colleges, hospitals, sanitariums, medical book publishers, ethical pharmaceutical manufacturers, surgical instrument makers, etc., to advertise in its columns. You are stockholders in this Journal and, as such, are interested in its welfare. By helping just a little, it will not be long until the Journal can support itself by the advertising alone."

We await with the tensest apprehension the appearance of another antagonistic whirl by the Medical Whirl.

RUBIN.—Died at his residence, Rev. B. Rubin. Funeral notice later.—Daily Press.

Can it be that this is our old friend Bili-Rubin?

An especially careful reading should be given the article in this issue by Dr. E. A. Hines, entitled "A New and Effective System of School Hygiene". Dr. Hines has done a great service to the people in the direction of this most important matter. The results speak sig-

nificantly for the success of his plan, which is as simple as it is efficacious. If all the schools in the state were to adopt his methods the greatest economic step in the history of modern schoolcraft would be accomplished.

Our prize offers to County Secretaries (see advertising pages, this issue) will be extended to December 1st, instead of closing October 1st, as has been announced. This is done in the hope that every County Secretary in the state will try for at least one of the handsome premiums offered. They are certainly worth trying for.

The part which physicians should take in political activity—or, indeed, whether or not they should take any part—has been the subject of much discussion during the past two or three years. A new plea has been added recently to those already uttered, and this from a source outside the medical profession. The governor of California has addressed a letter to the council of the medical society of that state, asking that some physicians place themselves in line for election to the two branches of the legislature, in order that they may advise with him on matters pertaining to medical legislation. So far as we are aware, this is the first time a request has come officially from the governor of a state to its medical society, urging that representatives of the medical profession take a place in and work with the law-making body. For this reason the action of California's executive is truly encouraging. One wonders, however, how it will work out, for physicians are not only proverbially poor politicians, but they are, almost invariably, loath to enter into the strife and struggle for political preferment. That we neglect one of our civic duties by not taking an active interest in politics. The Journal has repeatedly pointed out. The matter has become largely a question of initiative. Shall medical men first so educate the people to the need of sanitary and

health laws, and to the altruistic objectives of medical science that they will demand representation by our members in the legislature? That this demand would be made, did the public realize the neglect of life and health—and the economic cost of such neglect—exhibited by the ordinary lay legislator, there can be little doubt. This request from the governor of California seems to indicate that the day is almost here when the demand will be made.—*Jour. A. M. A.*

This may help to convert some of the "unreconstructed" to a modern realization of the true place of the doctor in politics. We can add nothing to the suggestion embodied in the foregoing paragraph.

Original Articles

A NEW AND EFFECTIVE SYSTEM OF SCHOOL HYGIENE.*

By E. A. HINES, M. D.
Seneca, S. C.

There has never been a time when the study of hygiene and preventive medicine received the attention that is manifest today. We know the habit and life history of many a once hidden foe and all classes of intelligent society have joined in the combat. The medical man trained for the fight must ever lead these forces to the richest fruits of successful effort, and to him alone belong the supreme duty. How shall a single one escape the mandatory tenets of the following extracts from the Principles of Medical Ethics of the American Medical Association:

"As good citizens it is the duty of physicians to be very vigilant for the welfare of the community, and to bear their part in sustaining its laws, institutions

*Read before the Annual Meeting of the S. C. Med. Assn. at Anderson, April 15-17, 1908.

and burdens; especially should they be ready to co-operate with the proper authorities in the administration and the observance of sanitary laws and regulations and they should also be ever ready to give counsel to the public in relation to subjects especially appertaining to their profession, as on questions of sanitary police, public hygiene and legal medicine. It is the province of physicians to enlighten the public in regard to measures for the prevention of epidemic and contagious diseases, and as to the location, arrangement and dietaries of such institutions as schools, asylums, hospitals, etc."

However, then, the physician may be hedged about in placing his services before the sick public, it is clearly incumbent upon him to be aggressive where preventive medicine is concerned. There is no exception made of the general practitioner, surgeon or other specialist. Permit me, then, briefly to lead your thoughts into the ever fascinating domain of child-study, or the hygiene of school life.

Much has been done in a few of the great centers of population along this line, such as medical inspectors, gymnasias, athletics, lectures, etc. The crowned heads of Europe, the presidents of many republics have in recent years given careful attention to this subject. Valuable as all this must prove, the idea occurred to me in 1904 that only the outskirts of the great mass of humanity would ever be permanently benefitted, for as a recent writer put it: "We all have come to realize that it is not the great cities, nor the seaboard, but the hundreds of smaller places, that make up the America of which we are so proud, from whence we get only true American expression."

Then, too, the idea occurred to me that hygiene should be so simplified that the child of six years old and upward would receive that training, and form

such habits, that, like the moral observations of the psalmist, when he grows old he will not depart from it. In my opinion the essence of hygienic living resides not in costly gymnasia, athletics bordering upon professionalism, and other complicated means, but in a few simple rules of conduct—pure air, good food, sanitary environments. Even this is Utopian to many, but I shall dare to present a pebble from the beach which bounds the great ocean of truth.

In 1906 I reported briefly in a paper entitled, "Success in Pediatrics and How to Attain It," before the North Carolina Medical Society, as follows:

"As the cap-stone of this structure called success, I place the hygiene of the child. It should be the corner stone, but I fear the time is far in the future when hygiene shall be rightfully regarded. In my own community I have inaugurated a plan which I believe is original with me looking to this end. I offer a gold medal known as the Physical Culture Medal in our graded school. The requirements are as follows: To be given for special care of the body, neatness of dress, clean hands and hair, clean teeth, and erect carriage; fifty per cent. of the count to be taken from observations by the teachers while out of school hours, as opportunity offers. There has been no distressing epidemic in the school since this plan was begun, whereas formerly such was the case almost every year. I hope to introduce lectures on dental hygiene by our dentists at some future date."

Two more years have passed since this report and a number of important improvements have been instituted. The faculty has had an ever changing personnel but the zeal in furthering this new regime has increased. The dental hygiene lectures have been introduced, and what is of great importance, the physiology of digestion explained. These fundamental principles of the hygienic life are impressed daily by a system of

marking and grading at each roll call, and carefully recorded at the end of the quarter. The question alone of oral cleanliness and care of the teeth can scarcely be too much emphasized. Osler says that half as much ill health is caused by neglect of this matter as is caused by alcohol. Sir Frederick Treves gives oral sepsis as a cause of appendicitis. Moynihan, in his works on "Abdominal Operations" and "Gall Stones and Their Surgical Treatment" says: "It is astonishing to what a degree of uncleanness even the better class of people will allow their teeth to go." He likewise quotes Harvey Cushing, of Baltimore, extensively on the same subject, and both consider minute attention to the oral cavity essential to success in abdominal surgery. I had hoped to spare the abdominal surgeon, at least, from any connection with this subject, and only allude to him because of his severe arraignment of society in general, and perchance should any of my clientele be called upon to pay tribute to his genius this particular feature of his aseptic technic may be much simplified and some of his fears allayed.

In this connection I am greatly indebted to Dr. M. P. Ravenel, chief of the Laboratory of Bacteriology and Hygiene, of the University of Wisconsin, for the gist of the most recent researches bearing upon the whole subject. He has kindly furnished me a translation from Flugge (*Grundriss der Hygiene*, 4th edition) as follows:

"Ways of Infection. First. Through contact, with hands, kissing, etc.) Healthy persons touch, on the one hand, sources of infection (the invalid, excretions of same, linen, table silver, etc.) and on the other hand, superficial mucous membranes or smallest skin wounds. This is by far the most important and frequent way of transport, which however is underestimated, be-

cause, especially, manual contact takes place unconsciously and unnoticed. It has been shown, however, that after contact with sources of infection bacteria stick very easily to the hands. All people, as can be easily ascertained by close observation, touch unconsciously with the fingers, mouth, nose, eyes, or erode their skins slightly by scratching. Therefore, there cannot be a doubt that this mode of transport, which is most frequent in the case of the acute exanthemata, erysipelas, glanders, anthrax, also comes into consideration in diphtheria, cholera and typhoid."

Then follow the other modes of infection somewhat germane to the subject in hand. Dr. Ravenel states he is certain that the staphylococcus aureus is a constant resident of dirty hands in addition to those mentioned in the translation; that the pneumococcus, the staphylococcus aureus and streptococcus are found in the mouth, Miller and others having reported a number of cases of general pyemia due to bad teeth; and that there is no doubt that actinomycosis can be avoided to some extent by careful attention to the mouth.

Herter, of New York, has recently written a number of good articles, pointing out the different types of intestinal fermentation, and especially recommends flossing and cleaning the teeth after each meal. He evidently believes that the bacteria which may be found between the teeth, in decaying particles of food, can pass into the intestine and produce fermentation, especially the saccharo-butyric acid fermentation found in children mostly, accompanied by lassitude, constant fatigue, etc.

A summary of the benefits derived from this plan are: Systematic instruction early in life; the constant instruction of teachers in close observation of the child, and the better isolation of contagious disease by them; the school has not been closed for five years on

account of epidemic diseases; the enlightenment of the parents and public generally by this ever-present requirement of physical standards; the placing of these standards practically on the same basis as good scholarship, and along side of it; the recipients of these rewards have so far been magnificent specimens of human perfection and sound mental training—a good advertisement alone.

The following additions will complete the scheme as designed: A physical examination of each pupil, including simple tests of sight and hearing and condition of naso-pharynx, the same to be charted and advice given to parents from the results. I have found an earnest co-operation of teachers and dentists in this matter, and fully believe that a similar condition of affairs may be developed in any community.

Discussion.

Dr. Burdell: I congratulate Dr. Hines on the success he has met in his locality in his efforts to increase the teaching of hygiene. I think his method of teaching hygiene in the schools is worth about 500 percent more than where you have a little book, with a little anatomy, a little hygiene, and a raving over the effects of alcohol and tobacco on the human system, as required by law. The State board of health has introduced in the legislature a bill requiring the teaching in every public school in South Carolina the means of preventing the spread of dangerous communicable diseases; also the use of vision charts, whereby the teacher examines the pupil for defects of vision, defects of hearing, adenoid, or other ear troubles. All of this work can be done by the teacher with the charts and the instruction the board of health would furnish. I mention this to ask every physician in this Association to urge upon the members of the legislature from his county the passage of this little bill, for which the state board of health asks the enormous sum of \$300 to carry it into effect, and which was lost at the last session—not killed, but simply lost—could not be

found and was not passed. I desire to endorse Dr. Hines' work, and to ask the co-operation of every member of the Association in getting this bill through next year. I know it could be done, because the state of Michigan has been following that plan since 1897, and the statement of their board of health to the legislature has noticed the fact that epidemic diseases are already decreased in that state, and attribute it to the method of education of the public in the means of prevention.

AN OPINION AS TO THE ULTIMATE RESULTS OBTAINED FROM SURGICAL, IN COMPARISON WITH MEDICAL TREATMENT, IN CERTAIN OVARIAN DISEASES AND IN ALL OVARIAN NEUROSES.*

By J. ALLISON HODGES, M. D.,
Richmond, Va.

(Physician-in-charge The Hygeia Hospital, and Professor of Nervous and Mental Diseases, University College of Medicine Richmond, Va.)

The best method for the treatment of ovarian diseases and neuroses is, and always has been, a problem for the profession.

I am, in no sense, an opponent of discriminating and skilled surgery in these cases, nor do I deery the brilliant results often obtained, but an experience of a number of years in the treatment of this class of patients, coming to me in the various stages of the acute and chronic manifestations, and coming also from the hands of many of the most brilliant operators in this country, have convinced me that surgery has been over-rated in their cure, and that, unless there is a marked pathological condition of degeneration or destruction, this line of treatment has been largely unavailing, and

*Read by invitation before the N. C. Medical Society at Winston-Salem, June 17th, 1908.

that medical lines of treatment, when proper discrimination has been used and careful regimen carried out, produce the best results.

To speak plainly, I believe that specialism run mad, and the further fact that therapeutic nihilism prevails in the minds of many physicians and surgeons has often been the precipitate cause of surgical intervention in many of these cases, which should have had the benefit, certainly of more careful, more systematic and more enthusiastic medical treatment before being submitted to surgery as a "dernier-resort."

It is my opinion that, for a proper diagnosis and consequent successful treatment, this class of cases requires more knowledge of the fundamental principles of the basic elements of medical and surgical science than almost any other, and that success cannot even be hoped for, unless each case is considered wholly in relation to its special and individual features. It is a mistake, likewise, to enter upon their treatment, believing that nothing will avail short of surgery, which often is the despair of curative medicine.

Medical men have usually been more dilatory, or at least more modest than the surgeons in advancing their views and advocating their claims, and the result has been obvious. It is also a fact that the surgical method of treatment frequently appears to be an excuse for lack of interest, industry and discriminating intelligence on the part of the physician, and that it often appeals to us as an easy method of getting ourselves out of a perplexing situation.

Most medical men are not fully rounded physicians and surgeons, and it is equally true that most surgeons are not fully equipped in the whole realm of medicine, consequently errors of judgment in treatment are as easy as errors

in diagnosis. Oftentimes surgeons are not fitted by practice to study the medical side of a case, or are too prone to ignore the medical points in evidence, just as the physician is often ignorant or unpractised in the surgical features of such cases.

In other words, there is frequently a lack of skilled knowledge in diagnosis on both sides, and the prevalent idea in our profession, both medically and surgically speaking, that the correction or removal of some one abnormality will solve the difficulty is the basis of many of the undesirable results seen. I have not tabulated any series of cases for this paper, for while the list might be startling, it might not be conclusive nor convincing to many who have not personally examined them and made their own diagnosis. It is my belief that too little attention has been given to scientific and clinical study of the individual cases by both physicians and surgeons, and that a grave mistake is frequently made in submitting the patient to the surgical procedure too early, for the fact is often and deplorably overlooked that the surgical operation, especially if unsuccessful, robs the poor patient of the last despairing hope of health.

The realization of this by many patients, particularly those of neurotic temperament, removes all hope or effort, and induces a resultant train of nervous and mental symptoms, compared to which the former state of chronic invalidism was but a trifle, especially if they are aware of the fact that there has been a radical removal of the sexual organs.

In brief, then, successful treatment of these cases requires not only a complete and continuous medical and surgical study of the special symptoms, but also of the individual temperament

of each patient, as well as a hopeful and enthusiastic spirit of management in a carefully planned and well-developed line of medical treatment, exhausting every means at hand for the alleviation of physical suffering before submitting the patient to the alternative of surgery, unless there be marked evidences of a pathological condition urgently requiring it.

I am aware that many of these patients fade away, carrying along with them the reputation of the physician and the silent evidences of his lack of discrimination, but still I believe that if the physician could impress his patient with the fact that, although they are able to be on their feet, they have symptoms of an illness which is just as definite and just as logical as would be the evident signs and symptoms of a pneumonia, for instance, and that though their symptoms are different from the usual signs and symptoms of sickness, still that if they would consent to be guided by the careful advice and treatment of their physician, the ultimate results would be as beneficial and lasting as in the commoner forms of disease.

In my opinion, we, as physicians, are to blame for not impressing, and gravely impressing, these patients with the seriousness of their condition, and not insisting upon the enforcement of our directions, and the necessity of the patient's full co-operation.

If the physician be lazy or too little interested to properly manage the case, it would be better for himself and far better for the patient, that he should not in any manner attempt its treatment.

I believe further that with a proper appreciation of these facts by the physician and a considerate co-operation from the patient, we could in most of them produce results that would be as brilliant as ever could be accomplished

in occasional cases, by means of surgery.

Meddlesome pelvic interference by the physician in the treatment of these cases is no less to be countenanced than precipitate surgical intervention by the surgeon, for I believe that he is a wise man who, recognizing an inflamed ovary, will allow the uterus, no matter how greatly displaced it may be, to remain just as he happens to find it, and will address himself to the ovary alone. Relieve the patient first of her intolerable suffering and despondency, thus securing her sincere regard and co-operation, and there will be time enough left to rectify other matters.

I do not believe that the cause of the long and varying train of symptoms referable to ovarian disease is usually found within the uterus, however misplaced it may be, or in however great a degree its mucous membrane has degenerated, for it seems to me to have been frequently demonstrated that a retro-displacement and oophoritis are entirely distinct troubles, each characterized by peculiar phenomena, and each calling for separate treatment. I have found, for example, pessaries to be only exceptionally beneficial, and more often that their indiscriminate use and not infrequent mal-adjustment, have been the exciting cause of serious disease.

I do believe, however, that in pro-lapse of the ovary, in hyperaemia or congestion, in so-called oophoritis, acute and chronic, as well as in neuralgias of the ovary, and all ovarian neuroses, great and lasting benefit has been obtained along medical and hygienic lines of treatment. Absolute rest, full feeding, proper eliminative measures, hot vaginal douchings, properly administered, and not in pints but gallons, medicated tarpons of ichthyol-glycerin, painting the vaginal vault with iodine, repeated small

fly blisters to the iliac region, the use of the galvanic current of about 50 milliamperes, massage, unless blood or pus has accumulated in the Fallopian tubes, where, of course, this measure is contraindicated, as there is danger of fluid being pressed into the peritoneal cavity, graduated gymnastics, etc., together with the administration of tonics, the very careful use of nervines, the chloride of gold, the daily use of three to six tablets of the dessicated parotid gland substance of sheep, systematic hydrotherapeutic applications, etc., are all in turn and as required, potent agencies for palliation, as well as cure.

In conclusion, my experience has taught me, and this paper is intended not as a dogmatic presentation of the subject, but simply as a record of my personal experience, that both physicians and surgeons do not frequently appreciate the medical and psychic treatment and management of these cases, for in most instances, except with the qualifications stated above, the surgical treatment in the end produces no better results than the medical, and often robs the patient of the last hope. This result is wholly disappointing, and is only changing the clinical picture of the disease, substituting oftentimes for painful manifestations, those symptoms resulting from a morbid hopelessness for relief, the last state being worse than the former.

Not a few times I have known one ovary to be removed and the patient to return soon for the removal of the other because of fancied pain on both sides, this proving the fallaciousness of the first diagnosis, and moreover, emphasizing the fact that all tender and painful ovaries ought not to be subjected to surgical procedures too hastily.

In some few cases, however, nothing

but an operation will cure the patient, and when after careful treatment and discriminating study of the case, such a fact is recognized, it is nothing short of ignorance or prejudice to deny the patient the benefit of an operation for possible cure, but even then the surgeon, in his work, should be guided by the rules of the strictest conservatism, and should not forget, as is so often done, that the cure is not completed when the uterus or ovary is replaced, or extirpated, but that to accomplish the best results, and to avoid, as well, the recurrence of habit-symptoms, medicinal agencies must be called into requisition.

Only in this way, then, by medical lines of treatment at first, fully and faithfully administered, afterwards by surgical methods, if the former have proved futile, and by both, if the latter has become necessary, can the end aimed at, complete restoration to health, be obtained.

To summarize, I believe that:

1st: Too little time and skill are usually expended by both physicians and surgeons in the proper diagnosis of these cases.

2nd: The proper diagnosis requires a critical consideration, not only of the special features of each case and the particular pathological conditions present, but also of the individual temperament of the patient in question.

3rd: The systemic condition of the patient must be the physician's first consideration, for the simple correction or removal of a single pelvic abnormality does not often effect a cure.

4th: Meddlesome pelvic interference, consequently, by both physicians and surgeons, in the treatment of these cases, is to be condemned.

5th: Certain ovarian diseases, as mentioned, and most ovarian neuroses, do

not usually require operative measures, better results being obtained by proper and continuous lines of medical treatment.

6th: Surgical measures are often undertaken hastily, and without sufficient constitutional preparation of the patient for the operation.

7th: Frequently these operations are too radical, and are performed before medical measures have been given a full and fair trial, and are graver than usually considered, for the resort to surgery robs the patient of the last hope for health, and, if unsuccessful, induces a train of symptoms more serious than the original condition.

8th: If a surgical operation is decided upon, the non-reference of the case back to the family physician for final cure is frequently a serious mistake, for otherwise, only an anatomical cure is effected, and not a physical and psychic one.

9th: To obtain the best and most permanent results, it is necessary that the family physician, who first sees these cases, should use all available means for their cure and for the prevention of threatening complications, and that if these do arise and surgical methods are indicated, there should be harmonious co-operation between the referring and attending consultants, both in the proposed treatment and subsequent management of them.

Indica and Uric Acid.—Dr. Wm. H. Porter tests for indican by taking 10 c. c. of urine, 10 c. c. hydrochloric acid and 5 drops of one-half per cent. solution potassium permanganate; the whole is shaken and then 5 c. c. chloroform is added. After again shaking a purple coloration followed by deposit of blue pigment shows the presence of indican. His test for over-produced uric acid is to boil the upper strata of urine in the test tube and to add a few drops of a 4 per cent. solution acetic acid. The tube is left standing for 3-4 hours, after which

the over-produced uric acid will crystalize out just beneath the surface of the urine in the test tube.

Abstracts

THE SUCCESSFUL TREATMENT OF CATARRHAL DEAFNESS WITH ESPECIAL REFERENCE TO CONDITIONS IN THE FOS- SAE OF ROSENMULLER.*

By J. W. JERVEY, M. D.,
Greenville, S. C.

(Abstract from Jour. A. M. A., May 16, 1908.)

Certain formations in the fossae of Rosenmuller consist, apparently, (1) of muco-fibrous bands, or webs like the web of a duck's foot, in a plane in a general way perpendicular, or nearly so, to the long axis of the fossa, as a rule, and (2) of masses of what seems to be granulation tissue or hypertrophied glandular tissue, similar to the familiar soft adenoid, lying above, between, and below these bands, sometimes quite filling the fossa. Their etiology is, perhaps, uncertain, but as they are found almost invariably in persons who have passed the period of adolescence and in whom a clear lymphatic tendency has existed, it is not unreasonable to think of them as being to some extent the residua of an old adenoid, which may or may not have been operated upon. Any catarrhal inflammation, attended by swelling of the membranes, might create a starting point for the formation of the adhesions. It is well to remember, too, that the Eustachian orifice is moved physiologically, and the tube opened for middle ear aeration, by the act of swallowing.

*Read at the Annual Meeting of the S. C. Med. Assn., at Anderson, S. C., April 15-17, 1908.

Any acute or chronic swelling, causing post nasal obstruction and mouth breathing would necessarily encourage the formation of adhesions, because the very act of mouth-breathing, by rapid evaporation of saliva, makes the act of deglutition much more infrequent, thus leaving the swollen adjacent structures in the nasopharynx in more undisturbed contact. The normal movement of the Eustachian orifice is inward, upward, and backward, and this is accomplished chiefly by the levator and tensor palatal muscles during the act of swallowing and in the phonation of some of the consonant sounds, and also by the act of yawning. The natural object of this movement is to open the tube for the access of air into the middle ear. In this movement the tubal orifice is opened in irregular triangular fashion, and the tube is stretched longitudinally, thus opening the lumen, which lies, while at rest, in a collapsed position. The normal excursion of the tubal end is astonishing to one who will observe it, as can often be easily done, through a widely patulous nostril. It is from one-quarter to three-eighths or even one-half of an inch, the two orifices sometimes almost meeting in the middle of the nasopharyngeal space.

It is very clear that these adhesions and granulations in the fossae exercise a marked inhibitive influence on the range of the tubal excursion. Hence, in these cases there is an incomplete or perhaps total absence of, opening of the tube at the intervals necessary for middle ear aeration; and there we have provided for us a good and sufficient cause for the appearance of catarrhal deafness!

The granulations or glandular hypertrophies sometimes extend down below the end of the fossa and appear, upon oral examination, as reddish elevations

or thickenings just behind the posterior faucial pillar. This appearance is often given the name of lateral pharyngitis, and its treatment by the ordinary routine has heretofore been rather unsatisfactory.

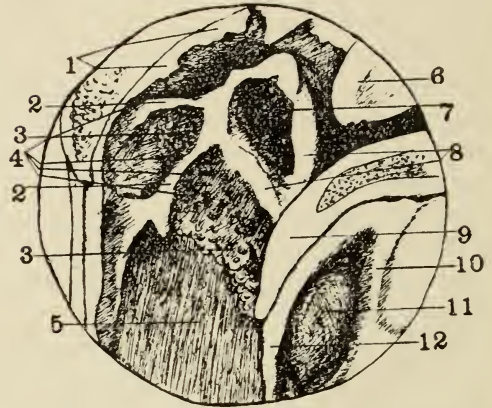


Fig. 1.—Sagittal section of nasopharynx (enlarged), showing left side (author's illustration). 1. Nasopharyngeal vault, rudimentary adenoid. 2. Fibromucous bands of inflammatory origin, attached anteriorly to the posterior lip of Eustachian ring, and posteriorly to the latero-posterior wall of the nasopharynx. 3. Masses of granulation or lymphoid tissue in the fossa. 4. The fossa of Rosenmuller. 5. Lateral pharyngeal wall. 6. Posterior end of left inferior turbinate. 7. Eustachian orifice. 8. Cartilaginous Eustachian ring. 9. Uvula. 10. Left anterior faucial pillar. 11. Faucial tonsil. 12. Posterior faucial pillar.

The subjective symptoms are numerous and sometimes very distressing, and one or another of them may completely overshadow, in the indications for its suppression, the deafness which may or may not be very slight. Prominent among these is that bugbear, tinnitus aurium, ringing in the ears, which is often entirely relieved by appropriate attention to these formations. It seems probable that the lesions in the fossae offer a considerable reflex symptomatology, as well as cause direct symptoms in neighboring structures by pressure upon the muscles, with their innervation. Thus, as a result of this irritation, there

is sometimes present a periodic or occasional laryngeal irritability and congestion, with hoarseness or an irritative cough, for which no cause can be otherwise assigned.

A feeling of stuffiness and fullness in the ears is often complained of, perhaps with a tense, drawn, uneasy feeling extending from the ears down the throat and neck, behind the angles of the jaws. There may be a deep dull pain in, around, and through the ears, perhaps radiating toward one or more adjacent parts. Sometimes the patient will be quite unable to locate the discomfort with precision. There is always present in some degree a form of post-nasal catarrh. Even if the catarrh existed prior to the lesions, which is likely, the latter would increase the catarrhal tendency, for the bands across the fossae form little pockets which are ideal lodging places for mucus and dust and infection of any sort that may be inspired by the patient. There is frequently a sensation of popping or cracking in the ears while swallowing, or yawning, or moving the jaws. There may be a persistent and irresistible desire for frequent yawning. The writer has seen one case where frequent, long-continued, and distressing attacks of sneezing could be controlled only after clearing out the fossae. A subjective sense of a lump or obstruction in the throat that cannot be swallowed may be noted. Itching in the external auditory meatus is not unusual. Symptoms of vertigo may be present. Distinct mental depression, and the phenomena of nervous derangement, may result from the constantly recurring attention of the patient to the unlocated and therefore unrelieved uneasiness and annoyance.

The treatment of the condition is simple and painless. After thorough cocaineization, the operator, facing the pa-

tient, and slightly to his right, passes the right index finger (palm of the hand up) through the mouth, behind the soft palate, and into the post-nasal space. After locating the landmarks of the space, the finger tip is placed over the top of the cartilaginous ring of the tubal orifice, into the upper end of the crescentic fossae. Pressing the finger firmly and deeply into the fossa, it is swept backwards and downwards throughout the fossa's length, breaking down all resisting tissue, repeating the movement if necessary and not failing to break up the mass of granulations which frequently occupies the extreme lower end of the fossa behind the posterior faucial pillar. By inclining the finger to the opposite side, it then can be treated in the same fashion, thus attending to both sides without withdrawing the finger. After the bleeding, which is usually slight, has ceased, a cotton-tipped curved post-nasal probe, dipped in five to ten per cent. silver nitrate, or thirty per cent. argyrol solution, is firmly swept through the fossae. This application should be repeated every 48 hours for ten days or two weeks.

A NEW DIETETIC AND INJECTION METHOD OF TREATING TYPHOID FEVER.

Under the above title F. J. W. Maguire, of Detroit, contributes an interesting article to the July (1908) issue of the Michigan State Medical Society Journal. He bases his conclusions upon experience gained in the United States Marine Hospital service and in private practice. In part, he says: "I noticed when treating children with summer diarrhea that shortly after giving them nitrogenous food in the form of milk or beef tea their temperature would

always rise. I found that by giving these children a carbohydrate diet in the form of barley or rice water I rarely had a rise in temperature. With this observation in mind and remembering the results found in my autopsies following typhoid, I came to the conclusion that milk as a diet in typhoid fever should be eliminated. To further strengthen this theory I determined to carefully watch the results following the use of carbohydrate diet in the form of rice or barley water, etc. In eighteen cases I found the temperature rise following the milk diet, while there was no perceptible increase in temperature after taking rice or barley water.

"I need scarcely add that as a food in typhoid fever I have never since used milk. It is my practice, when I first see a typhoid fever case, to give plenty of sterile water by mouth for five to ten days or until the patient seems to require nourishment, then I use the peptonoids well diluted with sterile water, and the various flavored ices and gelatines. I condemn cow's milk, as it is a culture medium and the cause of a great deal of local irritation."

With reference to treatment Maguire states: Having eliminated the milk diet with its terrible irritating effects in the already inflamed Peyer's patches, half the battle is won. This brings us to a consideration of the therapeutic aspect of this subject. In taking up the case of carbolic acid as the therapeutic agent in typhoid fever, I at first thought that I had discovered means whereby I could abort the disease. I commenced by giving half-dram doses of carbolic acid in a pint of sterile water as an enema. This I found very severe. The temperature would drop from 104 to subnormal and the patient showed signs of carbolic acid poisoning. The temperature would

run from normal to 100 for a few hours, then resume its course. The kidneys were carefully watched in all these cases, as they are the filters by which the toxins are eliminated. In my next series of experiments I began with one drop of carbolic acid in a pint of sterile water given as an enema; if the temperature was not reduced I gave another enema in three hours with two drops, and so on increasing until I gave as high as ten drops or the tolerance of my patient allowed. My next series of experiments was with the drop method of injection. I mixed three to five drops of carbolic acid in a pint of sterile water, placed the solution in a fountain syringe alongside the bed and about a foot above the patient, and allowed about one hour for the solution to pass into the rectum. This was regulated by a gauge with a water glass attachment which shows how fast the water drops. Through the reverse mucous currents this solution is carried throughout the intestinal tract and through this large area of absorption is carried to every tissue in the body."

In conclusion the author says: "I do not limit the use of carbolic acid injection to typhoid fever. I have met with phenomenal success with this mode of treatment in reducing temperature in pneumonia and gastritis and have carried cases of acute appendicitis to a sub-acute or chronic form, thereby lessening the danger from infection at the time of operation. In these 138 cases reported here today the ages ranged from three to seventy-eight years. I gave no cold baths, but applied ice bags over abdomen, and one bath a day for cleanliness. Occasionally I gave a little strychnine, quinine and salol as indicated. Since adopting this dietetic and carbolic injection method of treating typhoid fever,

I have treated 138 consecutive cases. This covers a period of about ten years. All these cases responded readily to treatment, notwithstanding the fact that many were advanced before treatment was begun. Four cases had had most profuse hemorrhages, all of which subsided when the milk diet was removed. I believe by these experiments I have made some very valuable therapeutic and dietetic discoveries, and have sufficient confidence in my treatment that I am compiling a work on the subject."

Special Article

HOW TO INCREASE INTEREST IN THE COUNTY MEDICAL SOCIETY.*

By J. R. YOUNG, M. D.,
Anderson, S. C.

(Secretary Anderson County Med. So.)

We can offer no specific treatment which will give new life and energy to the listless or dying county medical society. But we believe the persistent use of psychotherapy to be the best plan of increasing the interest and membership in the society. According to the latest ideas on psychotherapy, we make use of education or persuasion and suggestion.

The first lesson to teach the careless and indifferent members (and officers) is that it—the society—will not work automatically. It is neuter and entirely neutral until vivified by the "I's". Repeat in every way possible that to have a live, up-to-date, growing society its members must work, in season and out of season. Of course the monotonous repetition of this bare fact will accomplish little unless it be used discreetly.

*Submitted for prize competition. See advertising pages.

Impress this idea in the form of oft-repeated suggestions. Enlist in this educational campaign the energies of the "faithful few"—those regular attendants who have saved the day in many a weak society. Have them to let slip the idea that the last meeting of the society was very interesting and instructive; that physicians from all over the county were there; and that a general good time was had. By thus talking the society as we meet up with other practitioners the idea goes home.

By giving the local newspapers an occasional write up of the meetings the same suggestion will reach the profession. And by sending frequent letters to the State Medical Journal the mind of the profession will be impressed with the idea that the county society is taking on new life.

When this idea begins to take hold of the careless members, the next announcement of an approaching meeting will not be thrown aside and forgotten, but he will find time to drop in at the meeting. He will come with a don't-believe-it or show-me attitude and woe be the society in which he finds things cold and dead as in days of old. The suggestions will be as "sounding brass and cymbal" unless he finds things alive. The I-told-you-so message which he will impart to other regular absentees will "take root, spring up, and choke out" all the encouraging reports which they have heard.

To insure against such a relapse, we suggest the following precautions:

1. Prepare your program in advance, giving the participants ample time to prepare their papers and giving all the members a chance to read up on the subject. (The value of the meeting usually varies directly with the study put on the subject.)

2. Send out neat printed programs

several days before date of meeting.

3. Have sufficient numbers on the program to insure against a total eclipse in case some are kept away.

4. Send to each participant a special notice reminding him of his paper.

5. On the day of meeting have your stenographer or some kind brother's stenographer to 'phone to every member within reach of the hour and place of meeting.

6. Insist that the meeting start and stop on time.

7. Have a stated place of meeting—preferably a suitable room controlled exclusively by the society.

8. Select as president one experienced in presiding or one who has sufficient reserve and dispatch to keep things moving.

9. Avoid tiresome repetition in the discussion of papers by allowing each member the floor only once and limiting his time to five minutes.

10. Introduce as often as practical some social feature, as a smoker or luncheon.

If these plans are prosecuted with sufficient energy the meetings will not be a drag and the members will make it a point to be there. When this degree of interest is attained the society will speak for itself and little energy need be used in getting new members. The new comers and lapsed members will want to fall in line. And at the first of the year when dues are collected in advance they will be paid cheerfully as every member will feel that he is getting value received. If any are slow about joining, write them personal letters mentioning the large membership, the enthusiastic meetings, and the feeling of good fellowship which society work is producing in the profession. Such an invitation will rarely fail to bring a response.

County Societies

ANDERSON.

New Members.

Since the last report from this society two new members have been added to the roll. Dr. L. J. Mann who recently moved to Anderson, applied for membership at the mid-monthly meeting in September. Dr. Mann is an '01 graduate of the South Carolina Medical College and practiced in Branchville until this year. He was a member of the Dorchester Society. Dr. Burton's name was proposed at the meeting on October 5th. Dr. Burton recently moved to Iva from Ware Shoals.

Dr. W. H. Nardin returned last week from Chicago where he took a summer course in the Post-Graduate College of Eye, Ear, Nose and Throat. He will limit his practice to this specialty, and has sent his card to the members of our county society announcing this.

Papers and Clinical Cases.

Two interesting society meetings were held during September. "Some common diseases of the skin" was the subject for the meeting on September 7th. Dr. Bowen, of Belton, presented a clinical case of leukoderma which had shown marked improvement under specific treatment. Drs. M. A. Thomson and W. S. Hutchinson read interesting papers of "Urticaria," and Dr. Bowen introduced the subject of "Eczema" with an interesting paper. Dr. J. O. Sanders reported a case of phlegmonous erysipelas or phlegmon of the scalp, face and neck. Free drainage was secured through multiple incisions. Antiseptic irrigations and stimulants were used but the patient died seemingly of septicemia.

Wanted—Pellagra.

This subject of skin diseases was used with the hope that some modest member would seize the opportunity of reporting a case of pellagra and thereby keep our society from falling behind the times. But some of us have some cases of chronic eczema situated on the hides of anemic patients of contracted mental calibre, and if this pellagra becomes much more stylish you will hear from us yet.

For the meeting of October 5th a fine program on "Obstetrics" was prepared, but three of the four on the program were un-

able to be there. Dr. Ashmore read his paper on the "Management of Pregnancy," which was largely discussed.

Dr. R. L. Sanders reported a case of eclampsia followed on the sixth day by sapremia.

The president announced that the three papers that were not read at this meeting would be called for at the mid-monthly meeting. Dr. J. O. Wilhite was asked to present the subject of "Psychotherapy" at this meeting.

The roll for the summer months shows a marked improvement in the attendance of out-of-town men. Wonder why the doctors in Anderson cannot attend as well?—J. R. Young, M. D., Secretary.

CHESTER.

The regular monthly meeting of the Chester County Medical Society was held Monday, September 7, 1908.

Watson on Pellagra.

The special feature of the meeting was a paper by J. J. Watson, of Columbia, S. C. Dr. Watson read an interesting paper on "Pellagra." He has recently returned from Italy where he made a special study of this disease. He says that there is no doubt as to the identity of pellagra as seen in Italy and what has been recognized as pellagra in this country, and that it is altogether due to eating damaged Indian corn. By the courtesy of Dr. H. E. McConnell, who was the first one to recognize pellagra in this section, several cases were brought before the society, and Dr. Watson was thus able to clinically point out the chief diagnostic features of the disease.

Getting a Good Attendance.

In order to get a good attendance at our meetings it has been the policy of the society for quite a while to invite from time to time some one from a distance to read a paper, and this has proved very satisfactory. Whenever the secretary notifies the membership that some one from a distance will read a paper at the next meeting of the society, we always have a good average attendance. As a class we believe doctors are the hardest people in the world to get to quit their business and attend a meeting of any kind, even when they know that the meeting is altogether for the promotion and advancement of their own interests. Therefore, the officers of a medical society have to resort to all

kinds of methods to keep up attendance on the meetings. Whenever a society tries a plan for maintaining or increasing attendance on their meetings which proves satisfactory, they should by all means publish it in the Journal.—W. B. Cox, M. D., secretary.

COLLETON.

Wednesday morning, September 23, at eleven o'clock, the Colleton County Medical Society held its regular meeting in the K. of P. Hall, and while the meeting lacked somewhat in point of attendance, the enthusiasm that was shown by the members present more than compensated for the slim attendance, there being only about half of the members present. In the absence of the president, Dr. J. T. Taylor, the meeting was presided over by the vice-president, Dr. W. B. Ackerman.

New Members.

Drs. William B. Furman of Meggetts, James E. Scott of Youngs Island, and Dr. Daniels of Wiggins, all of this county, were elected to membership in this society, and invitations were sent to them to meet with the Society at its next regular communication.

The committee appointed at the last meeting to secure evidence for the State Association to use in the prosecution of several alleged illegal practitioners of medicine in the county made a report, submitting the names of several competent witnesses to the society, and the secretary was instructed to get in communication with the Councilor for this district with a view of beginning proceedings at an early date.

The present black list was allowed to stand over till the November meeting, at which time, members are requested to have a revised list ready. The meeting then adjourned.—Theodore G. Kershaw, Secretary.

DORCHESTER

The Dorchester County Medical Association met at St. George on Monday morning, October 5th, 1908, at ten o'clock, seven members being present. Dr. Julius A. Parker of Branchville was elected a member.

The business part of the meeting was taken up chiefly by the discussion of insurance rates, the position of the State and

County Associations still being misunderstood by some of the members.

Last month resolutions were passed (see below) clearly setting forth the rates as applied to both "old line" and fraternity organizations, but in spite of this the Woodmen of the World have been organizing lodges and somehow getting candidates examined at apparently reduced rates. Our association has called the attention of Dr. Ira W. Porter, the Supreme Physician of the W. O. W., to one instance where the qualifications of the examiner to make the proper examinations required by that order was a question which certainly merited investigation, and should interest Woodmen who value their policies.

Dr. H. B. Lee read a paper on the "Non-operative Treatment of Displacements," showing the various postures of the uterus which under different conditions were normal, and that the organ was not confined, as the older writers thought, to one normal position, and outlining treatment used in cases which for various reasons were inoperable.

The Association will meet again at St. George on Monday, November 2nd, 1908.

Through the courtesy of the Drs. Johnston, the visiting members were shown through the large and modern school building lately erected at St. George.

Letter of Resolutions.

Following is the letter sent out by the Dorchester County Medical Association:
Dear Doctor:

I beg leave to invite your attention to the following resolution passed today:

Resolved by the Dorchester County Medical Association that the Secretary be instructed to have a sufficient number of copies of Dr. Burdell's resolutions (published in May, 1907, issue of the Journal) printed and sent to each member of this Association and to the Secretaries of the neighboring Associations, calling their attention to this matter, as we are informed that it is being violated by some of our members and those of other Associations, and asking action on it by our sister Associations.

Dr. Burdell's Resolutions.

Whereas: Many of the life insurance companies have notified their medical examiners of reduction fee from \$5.00 to \$3.00, and

Whereas: We as physicians, realizing the responsibility incident to proper examination of the individual, believe such reduction to be unjust; Therefore be it

Resolved: That the South Carolina Med-

ical Association, and the medical profession in sympathy with them, in session assembled, do hereby declare such reduction to be unjust, and respectfully request that no physician legally authorized to practice medicine in South Carolina accept such reduction of fee; and further, that any physician accepting such reduction be guilty of a breach of professional courtesy.

Resolved: That it is the sense of this Association that hereafter in each examination for life insurance in which urine analysis is required, the minimum fee shall be \$5.00.

Resolved: That any County Society that has not complied, be required to appear before the Board of Councilors and explain why they have not complied with the request of the State Association in the matter of insurance fees.

Edmund W. Simons, M. D., Secretary.

GREENVILLE.

The Greenville County Medical Society met at the usual time and place, September 7th. The meeting was called to order by President Jervey and the minutes of the previous meeting read and approved. After which Dr. Jervey presented a very interesting clinical case of a boy with detached retina and a partial cleft palate, possibly of congenital origin. The case was freely discussed and a practically hopeless prognosis given.

An interesting paper on 'Adenoids' was read by Dr. L. O. Mauldin. The following entered into the discussion: Drs. Black, Gentry, Carpenter, Furman, Earle, C. B., Houston and Jervey.

A motion was carried that the Secretary write to Dr. J. C. Brawley calling his attention to the fact that in allowing Dr. Caudle, an undergraduate, to practice medicine in the city of Greenville, under his supervision, if such be the case, was in violation of the law.

Doctors and Politics.

At this point Dr. T. R. League, who was recently a successful candidate for the legislature, from Greenville County, made a few remarks in appreciation of the support given him in his race, by the medical profession of the county. On motion, a vote of thanks was extended Dr. League for making the race and pledging the Society's support in his efforts at legislation.

The application of Dr. Fletcher Jordan for membership in the society was read and the same handed to the board of censors

to be reported on at the October meeting.

The following is the program for October 5th:

1st paper on the "Five Most Useful Drugs and Why," by Dr. H. L. Shaw, Leader of discussion, Dr. Furman.

2nd paper, "The Therapeutics of Ergot" by Dr. W. A. Tripp, Leader of discussion, Dr. C. W. Gentry. The following members were present: Drs. Black, Burnett, Carpenter, Delk, Earle, J. B., Earle, C. B., Furman, Gentry, Goodlett, Houston, Jervey, League, McDaniel, Mauldin, L. C. Stephens, Stroud, White.—W. M. Burnett, M. D. Secretary.

LEXINGTON.

The Lexington County Medical Society held its annual meeting and dinner in Lexington on Oct. 5th. Dr. R. H. Timmerman, vice-president, presided in the absence of the president, Dr. J. W. Geiger. A most interesting paper was read by Dr. D. B. Frontis, of Ridge Spring, on "Certain Pathological Circulatory Changes." Dr. Theo. A. Quattlebaum, of Graniteville, read a paper on "Arterio-sclerosis," and Dr. R. H. Timmerman discussed "Tuberculosis."

Election of Officers.

The following officers were elected for another year: President, Dr. W. L. Kneee, Baxter; vice-president, Dr. R. E. Mathias, Irmo; secretary and treasurer, Dr. J. J. Wingard, Lexington. Dr. Wingard has been secretary of the association since its organization four years ago, when the total membership was only five. Today the association has a membership of more than twenty, nearly every physician in the county being a member, all of whom are proud of their organization and profession, as was evidenced by their responses to various after-dinner toasts, some of which were: "The Medical Doctor," responded to feelingly by Dr. D. M. Crosson; "The Patient," most humorously responded to by Dr. J. L. Shuler; "The Citizen," responded to by Hon. S. P. Wingard; "The Editor," by G. M. Harman, editor of The Dispatch; "The Lexington County Medical Society," by Dr. J. J. Wingard.

Drs. A. B. Knowlton and Black, of Columbia, were distinguished and honored visitors at the meeting and the dinner was most delightfully served by Mr. Eli L.

Corley, on the first floor of the Masonic hall. The dinner, in part, consisted of delicious barbecued meats. Fruit, ice cream and cake were served after dinner.

Interest Increasing.

This was by far the most interesting meeting the association has ever held. The organization is doing a great work among its members, and it goes without saying that it will continue to grow both in numbers and usefulness.

The next meeting will be held on the first Monday in January.

Personal

Dr. L. M. Stokes, of Walterboro, is the proud father of a bouncing baby boy, born September 10th.

Dr. L. J. Mann, formerly of Branchville, has moved to Anderson to practice.

Dr. W. H. Nardin, of Anderson, has returned home from Chicago, where he has been doing post-graduate eye, ear, nose and throat work.

Dr. Chas. H. Burton has moved from Ware Shoals, to Iva, Anderson County, to practice.

The South Carolina delegation to the recent International Tuberculosis Congress in Washington consisted of Drs. C. F. Williams, J. H. McIntosh and William Lester, of Columbia; Robert Wilson, Jr., John L. Dawson and J. M. Green, of Charleston; Walter Cheyne, of Sumter; A. M. Brailsford, of Mullins; W. A. Tripp and J. E. Allgood, Easley; H. T. Hall and C. F. McGahan, Aiken. Among others present from this state were Drs. M. J. Walker, of York; J. H. Teague, of Laurens; W. V. Brockington, of Kingstree; C. B. Earle, of Greenville, and others.

Dr. J. W. Babcock, of Columbia, addressed the physicians of Charlotte, N. C., on September 26th, in the Charlotte Sanitarium, on the subject of "Pellagra," to the study of which he devoted considerable time in Europe the past summer.

Dr. R. A. Lancaster, of Columbia, after attending the International Congress on Tuberculosis, visited friends in Connecticut and Massachusetts.

Dr. Theodore C. Stone has removed from Greenville to Aiken, where he will practice hereafter.

Dr. Frank M. Durham, formerly of Blackstock, has removed to Columbia. He has been doing post-graduate work in Tulane University and in New York, and will devote himself exclusively to the treatment of diseases of the stomach.

Obituary

A. S. HYDRICK, M. D.

Dr. A. S. Hydrick, of Orangeburg, died on October 9th, after remaining in a comatose state since October 3rd, when he received a stroke of paretic paralysis. He never rallied nor was he able to speak a word to the loved ones and friends who watched by his bedside continually until the end came. An eminent physician, upright citizen, a true and devoted friend; one who knew no such thing as caste, he was the benefactor of all the people with whom his life was spent. He will be missed as only one man of each community can be missed. His was a life unselfishly devoted to his fellow man; his virtues were countless, his faults few and the memory of this noble man will always be cherished in the hearts of those who loved him so well.

Augustus Salley Hydrick was born in Orangeburg county, November 11, 1849. His father, the late Jacob H. Hydrick, was a sturdy farmer; his mother was Miss Margaret Hildebrand. The son grew up on a farm and when a mere lad developed a fondness for books. He attended the country schools, among which was a high school, at which he studied Latin, Greek and French. This, with the studying done at home, fitted him to enter the medical department of the University of South Carolina, from which he was graduated in 1873 with the degree of doctor of medicine. From the time of his graduation he devoted himself entirely to the practice of his profession, to which he had been drawn by a strong personal preference. He was always studious in his habits and to private study

from youth is ascribed the chief part of the success he attained.

Dr. Hydrick possessed a wonderfully retentive memory, his mind being a veritable store house of knowledge, not alone the knowledge which an eminently successful physician must necessarily have, but that which pertains to every phase of human life. He was profoundly learned in matters of politics, science and religion, and in his chosen profession, which he practiced uninterruptedly in Orangeburg for 35 years, he was considered an authority, his practice extending into adjoining counties.

Notwithstanding the great demands upon his time by the faithful practice of his profession, Dr. Hydrick took time for the discharge of public and civic duties. From 1884 to 1900 he was county Democratic chairman for Orangeburg county. From 1896 to 1904 he served as an alderman of the city of Orangeburg, declining reelection.

Dr. Hydrick was a Royal Arch Mason, and was vice president of the Orangeburg County Medical Society. He was also a member of the board of trustees of the Orangeburg city schools.

D. L. DeSAUSSURE, M. D.

Dr. D. L. DeSaussure, one of the oldest and best known citizens of Camden, died suddenly at his home about midnight, October 15th. He was up and about the house apparently in good health until a little after 9 o'clock, when he retired, but he complained not feeling very well and asked that the light be left burning. His friend, Mr. J. Blake Steedman, who boards at Dr. DeSaussure's, a little later went into his room and found him sitting up and complaining of pains in his chest. He insisted, however, that nothing was necessary to be done for him, but in a short while he grew considerably worse, and his daughter, Mrs. Parrish, was aroused, and a physician was immediately summoned, but in a few minutes after the arrival of a physician he passed away. Dr. DeSaussure was in the 73rd year of his age. For many years he practiced medicine and was very successful in his practice. There was a special charm about his manner in the sick room. For the past few years, however, he had practically given up his practice. He was very fond of the farm, and up to the time of his

death he had some farming interests. Mrs. DeSaussure pre-deceased him by some months. He is survived by two daughters and two grand-daughters. He was an honorary member of the Kershaw County Medical Society, and the South Carolina Medical Association.

News and Miscellany

LODGIN' A COMPLAINT.

(By Richard B. Furman, M. D.)

A little chopped-off darkey with sprung knees and an air of extreme dignity and importance enters the doctor's office, doffs a faded derby, parts the long tails of a ditto frock coat and bestows himself with condescension on a chair. The odor of sanctity hovers about his fat person—and other odors, even more distinct, emanate therefrom.

Doctor: "Well, old man, what can I do for you?"

Rev. (clearing his throat with clerical unction): "Dis, suh, is de Rebrunt Dindy wha' pasture uv Sent Jeems chutch down een Clarenton. Answer is fetch me by summer de bredrins an' sustuh een de chutch dat you is a medical physicianary wha' ondaston he bizness, an' I bin lay off de tree week fuh come up an' lodge some complain' wid you. Of cose I ent know nuttin 'bout you egseptin wha' I yeddy tell, but den you is git a high recummen' fuh gee good medicin."

Doctor: "But I don't know anything about you, either."

Rev. (with dignified displeasure): "Eh? You ent yeddy bo'it me? I ent know huccum dat. You kin ax enybody, cullud ur bukra, een Clarenton county, an' dey'll tell you dat I is a man uv Gawd, suh, a man uv Gawd. Ez I was gwine on to say, de complain' ent wid me but wid de olebride. He was fust teck wid a drole mizry een he two grine, which he sprangle fum day een de big paat uv he stumick, an' intuhfay wid he win' powaful. Afta feasin um on life mulastin an' woods teas an' holdin tree pray meetin' ovah um—two onum at de passnidge an' turra een de chutch—sides geeum brakin doston uv physic salt, he move fum day up een de mole uv he haid, peeah lack it gits in contact wid he intel-

lecks. He ent move frum day, an' I bin to de docta at Sawduss Sidens an' he gimme summer dese hyuh capthule pill een a box, an' he ent no mo' den teck de fust one befo' day meck um heave onaccountable, an' he git wusser dan he bin befo'."

"Now, suh, dat is de way how de case stan, an' I lef it wid you fuh nuse de tool de Lawd suscribe fuh meet he complain. I bin rassle wid um een pray an' hymn an' egzwawt ontell I bleege fuh sattyfy de Lawd ent want um cyo dattaway. Wha' he systems specify is some lickrish treatment een a bottle. Dese hyuh pill, needa so powda, ent gwine reach he complain, I bleege fuh shum."

DOCTORS DEFEAT LAWYERS.

In an exciting game of ball in Marion, on Sept. 18th, between the lawyers and doctors, the lawyers were outclassed and the doctors won by the score of 19 to 7. Against Dibble's masterly pitching, coupled with fast fielding and heavy batting by his team mates, it was impossible for the lawyers to win. Owing to the intense excitement during the game, it was impossible to take down all the good plays. For the Doctors, Smith on first, Gasque on second, Epps on third, and Smith in right, played a good fielding game. Mace's playing at short was also good, but he deserves special mention for having the only pair of baseball shoes on the ground. The work of Hamilton behind the bat was good and his throwing to bases made the people of Marion think of the days when Dick Hudgins was here.

MEDICAL COLLEGE OPENS.

The Medical College of the State of South Carolina had up to Oct. 6th, 205 matriculates, and more are arriving daily. They come from all parts of South Carolina and from many of the Southern and some from the Western and Middle States. The faculty express themselves as very much pleased with the outlook and expect this year's record, both in attendance and in quality of work accomplished, to far surpass that of any previous term.

The growth is noticeable in both the medical and pharmaceutical departments, and the courses in both departments have

been broadened and extended. The College gives promise, if it continues its recent annual growth, of becoming one of the largest, as it is already among the most famous, of the Southern schools of medicine.

WALLACE THOMPSON MEMORIAL.

The Wallace Thompson Memorial Infirmary is now completed, and is to be used for hospital purposes by the students of the University of South Carolina, to whom the building is the gift of Mrs. Ann H. Jeter.

The handsome new structure which was erected at a cost of \$15,000, fronts Bull street, and stands at the southwest corner of the intersection of Bull and Green streets. The building, with its imposing columns and straight lines, adds much to the appearance of the university property. Dr. William Weston is the head physician of the infirmary, and he is assisted by Dr. J. J. Watson.

.. DAWSON TALKS OF CONGRESS.

Charleston, Oct. 1.—An anti-tuberculosis league is to be organized in South Carolina, Dr. John L. Dawson announced today, and preliminary steps will be taken shortly, so that the league will be well under way before the next annual meeting of the South Carolina Medical Association, which meets in the spring.

Dr. Dawson made this announcement following his return from attendance upon the great congress still in session, discussing the dread disease. Dr. Dawson has been prominent in the anti-tuberculosis movement for some time, having with Dr. Robert Wilson, of Charleston, and Dr. Edward McGahan, of Aiken, been the representative of the national association in South Carolina. Dr. Dawson was a member of the committee on selecting the judges for the various exhibits and arranging for the medals and certificates of honor to be awarded in the great movement for checking the spread of the disease and if possible entirely eliminating it. Dr. Dawson served on this committee, with a number of leading tuberculosis experts of the United States. In speaking of the congress today Dr. Dawson declared that the Washington congress was the most remarkable gathering of the kind that has ever been held in the United States, bringing together the

leading lights of the scientific medical world for the suppression of tuberculosis. He said that the congress could not but prove of great benefit to every section of the country and the entire world.

Dr. Dawson said that Philip H. Gadsden is entitled to the thanks of the country for his participation in the proceedings of the congress, serving as one of the judges of awards. Mr. Gadsden was appointed upon the recommendation of Dr. Dawson and he has been generously giving his time and services at Washington, paying his expenses: all with creditable interest and zeal for the success of the cause. Mr. Gadsden has been in Washington since the latter part of last week and will not leave there until tomorrow, having thus freely and patriotically given up his time to the work on which he has been engaged. Mr. Gadsden is on the committee to make awards of a gold medal and two silver medals for the best exhibits sent in by any State illustrating effective organization for the restriction of tuberculosis.—Charleston correspondence of Columbia State.

FIGHTING TUBERCULOSIS.

To make headway against the ravages of tuberculosis in America, it is first necessary to impress the people with the necessity for organized and systematic efforts to check them. The medical men of all civilized countries understand the gravity of the scourge, and they are at work, but they cannot overcome the obstacles in the way of their campaign unless they shall be aided by the taxpayers and voters, and the State, city and county and town governments. The international Tuberculosis Congress in session in Washington is sure to prove an instrument of immense value in concentrating the attention of the people upon the frightful plague which afflicts them, and in showing them that intelligent, persevering and determined effort will minimize its terrors.

That "consumption" is preventable is now an accepted fact among informed men. What is desired is to convince the public that it is better eradicate the disease from the people than to let them die of it, and especially to show them that to suffer the disease to continue and spread costs more in dollars than to adopt the measures required to extirpate it. In South

Carolina we suppose that a suggestion that \$250,000 be appropriated by the next Legislature for the establishment of tuberculosis hospitals and camps, together with a system of inspection and segregation of patients would startle and alarm the average taxpayer, set the wheels in the head of the average politician going, and set his tongue wagging. The people must be educated before the opposition of ignorance to any reform can be dissipated. Time was when the States were without hospitals for the insane, and yet it is not improbable that were the lunatics now confined released upon the community, and the tuberculosis patients taken in hand by the State the result would be a gain for the common happiness.

The Congress in Washington is sure to awake an interest in the fight against tuberculosis that will lead to improvement of inestimable value. The community rises and overcomes yellow fever because yellow fever kills quickly, because it is a spectacular disease, because its onset has the suddenness of a charge. Consumption is insidious, it ferrets out the individual and tortures him to death slowly, and the community does not hear of it, but it numbers its victims by the thousands, where yellow fever strikes down one. The reasons are far more powerful that the community as such should fight the greater enemy, and to this realization the Congress will bring the people.

Direct benefits, important in themselves, but of small consequence by the side of the great awakening, will flow from the Congress. The Congress includes hundreds of the keenest intellects of the world and, what is of even of more moment, hundreds of unselfish, devoted men. Many a suggestion that is dropped during the proceedings will start minds to working on new lines, many a physician baffled by some new phase of the problem will have his difficulties removed, and there will be a large net gain in practical knowledge; but, better than all, the influences of the Congress will radiate throughout the United States. The people of South Carolina have cause to be grateful that their physicians are exhibiting a lively interest in the Congress, and that some of them are participants in its work.—News and Courier.

CONFERENCE ON PELLAGRA.

At the recent meeting of the state board of health in Columbia, the members considered the advisability of holding a conference on pellagra. The decision was left with Dr. C. F. Williams, secretary. Although the time was short, Dr. Williams decided to invite all members of the medical profession, as well as others who may be interested in what will hereafter be known as the pellagra problem, to meet in Columbia, Thursday, October 29. The programme will include a clinic to be held at the State Hospital for the Insane at 2 o'clock on that date. Following this papers on pellagra will be read and a general discussion held. Physicians in other states have been especially invited. Among these may be mentioned Surgeon C. H. Lavinder of the United States public health and marine hospital service; Dr. John McCambell, of the Morgantown, N. C., Hospital for the Insane; Dr. I. M. Taylor, of the Broadoaks sanitarium, Morgantown, Morgantown, N. C.; Dr. E. J. Wood, Wilmington, N. C.; Dr. N. E. Moore, of Augusta, Ga.; Dr. H. F. Harris, secretary Georgia State board of health, Atlanta; Dr. G. H. Searcy, superintendent Bryce Hospital for the Insane, Tuscaloosa, Ala.; Dr. Isadore Dyer, dean of the medical department of Tulane University, New Orleans. These gentlemen have already shown special interest in working out the pellagra problem by writing papers on the subject.

STATE BOARD OF HEALTH.

The State Board of Health held a meeting in Columbia, Oct. 15th, and several matters of interest to the public were brought up. A special committee was named to examine applicants for embalmers' license and ten applicants were examined, seven white and three colored, and of these five white and one colored applicants passed. These were: C. E. Kennedy, Laurens; E. B. Sloan, Clinton; S. P. Grealish, Augusta; N. B. Hix, Florence, and W. R. Winne, Columbia, white, and J. H. Simes, Charleston, colored.

The State Board will arrange for an exhibit at the State Fair to interest the public on the matter of fighting the spread of tuberculosis, and distribute pamphlets on its spread and prevention. The exhibit will not be very large, but it is the beginning of a campaign against the spread of the dis-

ease. Along this line it was announced that a meeting of a special committee of the State Medical Association would be held here on Thursday night of Fair week for the purpose of organizing and planning a campaign against tuberculosis.

The board also discussed the spread of the disease supposed to be pellagra. These are said to be several cases of this at the State Hospital for the Insane and the management has decided that visiting physicians might investigate these and give their opinion on them from what has been learned recently after reports have been received from abroad.

Book Reviews

DUDLEY'S GYNECOLOGY.

A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, A. M., M. D., Professor of Gynecology in the Northwestern University Medical School, Chicago. Fifth edition, thoroughly revised. Octavo, 806 pages, with 431 illustrations, of which 75 are in colors, and 20 full-page colored plates. Cloth, \$5.00 net; leather, \$6.00 net; half-morocco, \$6.50. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Ability to live and thrive despite competition indicates a strong book. Professor Dudley's Gynecology answers this test fully by coming out in a new edition, the fifth in ten years. Every living thing (and a book is essentially living) must suit its environment or disappear. Conversely, a living thing that does not disappear, but persists and grows stronger, must suit its environment, must be fit. Dr. Dudley was first to see the advantage of presenting gynecology along natural lines of cleavage, by causes, rather than regions. With the cause or nature of a disease in mind, the reader can readily follow it to any region it may invade, and understand and treat it, but the labyrinth cannot be so easily traversed the other way. He thus displayed and simplified gynecology as had not been done before, and his book was quickly appreciated, both by professors for their students' use and by practitioners for their own. It grew in favor, and some years ago the author gave it further impetus and distinction by making all its abundant illustrations

original, each drawn for its special place and purpose, and therefore exactly fit. He also saw his reader's advantage in showing him the steps of operations, a clinic on paper, and better than a clinic, because the details could be studied at leisure. Now, Dr. Dudley again responds to popularity by bringing out a new edition, thoroughly revised to date, with everything obsolete in text or picture eliminated, and with still more original drawings added. It is the strongest issue yet of a very strong book.

GRAY'S ANATOMY.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S., late lecturer on Anatomy at St. George's Hospital, London. New American edition, enlarged and thoroughly revised, by J. Chalmers Da Costa, M. D., Professor of Surgery and Clinical Surgery, and Edward Anthony Spitzka, M. D., Professor of Anatomy, in the Jefferson Medical College of Philadelphia. Imperial octavo, 1625 pages, with 1149 large and elaborate engravings. Price, with illustrations in colors, cloth, \$6.00, net; leather, \$7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Henry Gray, fifty years ago, evinced the boldness of his genius in producing an original work so novel and so far in advance in matter and method, both in text and engravings, that it leaped to the front and established itself as an institution, a unique position for a book. His invention of placing the names of the parts directly on them was in itself a great one, and at once removed the former difficulties of toilsome looking for them at the ends of lines, or, what is worse, finding merely reference letters explained somewhere else. It costs more to cut the names on the body of an engraving, but it is worth while for the reader's sake, especially if he has to pay no more for the advantage. That the concentration of demand would justify this was Henry Gray's bold forecast, and he was right. It brought about another advantage scarcely less important, namely, the possibility of frequent editions, a necessity in so progressive a subject. Here again the barrier of expense can only be crossed by a work able to subdivide it by unexampled sales. "Gray" proves all these qualifications at once by coming to seventeen editions in its first fifty years, and now enters upon its second half-century stronger and better than ever. This new edition is the

best of all the line. It has been thoroughly revised, every page bearing alteration and improvement, and the whole section on the Nerve System has been rewritten in conformity with recent revolutionary changes in methods of approaching and viewing it. Professor Spitzka, who has done this section, has made the subject a special field of study. Professor Da Costa is both an anatomist and surgeon, and the editorial combination therefore unites what is required for the revision of a work on this subject. The use of colors is another valuable aid initiated by "Gray," and it is developed even further than before in this new edition. The statements explain the reason for an observed fact, namely, that "Gray" reduces to a minimum the labors of student and teacher, or, in other words, increases their efficiency to a maximum.

GENERAL SURGERY.

A presentation of the scientific principles upon which the practice of modern surgery is based. By Ehrich Lexer, M. D., Professor of Surgery, University of Konigsberg. American Edition. Edited by Arthur Dean Bevan, M. D., Professor and Head of the Department of Surgery, Rush Medical College, in Affiliation with the University of Chicago. With four hundred and forty-nine illustrations in the text, partly in color, and two colored plates. D. Appleton & Co., New York and London. 1908.

This is the excellent and thorough work of Professor Lexer, of the University of Konigsberg, translated by Dr. Lewis and edited by Professor Arthur Dean Bevan, of Chicago, the translator and editor expressing the belief that it presents the present status of the subject of general surgery in a more thorough and complete way than any other text book. There are certain general principles of pathology and therapeutics and operative technic which apply to all fields of surgery, and when these are thoroughly mastered by the student or practitioner their application to special surgical conditions at once become intelligent and easy and scientific. Practitioners who are interested in surgery will find great interest and profit in studying this book, and in every essential particular it is sufficiently complete and modern to make interesting reading for the surgical specialist. At the same time the book is free from useless elaboration and repetition, and to us it appears to be an ideal text book for the use of schools and colleges.

The mechanical work of the book is excellent, and is fully up to the Appleton standard.

PROGRESSIVE MEDICINE.

Progressive Medicine, Vol. III, September, 1908. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 285 pages, with 30 engravings. Per annum, in four cloth-bound volumes, \$9.00; in paper binding, \$6.00, carriage paid to any address. Lea & Febiger, Publishers, Philadelphia and New York.

Under the title of Diseases of the Thorax and its Viscera, Professor Ewart gives an admirable summary of the recent advances in our knowledge of tuberculosis.

Dr. Gottheil's contribution, covering Dermatology and Syphilis, possesses much of interest, even for those whose practice lies outside the lines of these subjects. The general resume devoted to Syphilis is excellent.

The advance in our knowledge of Obstetrics has been very completely covered by Dr. Davis. Among the topics in his contribution, which possesses more than ordinary interest, may be mentioned changes in the various organs of the body in gestation, by pregnancy, eclampsia, ectopic gestation, face presentation, narcosis during labor, bubiotomy and the management of the third stage of labor.

The department of nervous diseases concludes the volume. The author, Dr. William G. Spiller, has produced a very complete and lucid review of the advances in this rather abstruse department of medicine, as is especially apparent in his treatment of the subject of brain tumors and locomotor ataxia.

JACKSON'S HANDBOOK OF SKIN DISEASES.

The Ready Reference Handbook of Diseases of the Skin. By George Thomas Jackson, M. D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. Sixth edition. 12 mo., 737 pages, with 99 engravings and 4 plates, in colors, and monochrome. Cloth, \$3.00, net. Lea & Febiger; Publishers, Philadelphia and New York, 1908.

Since the previous edition of this work,

its author has been elected to the full Chair of Dermatology in the College of Physicians and Surgeons, of New York, a tribute both to the man and to his book. An examination of his pages affords some insight into the reasons for this appreciation. The author clears the ground in his opening sections on Anatomy, Physiology, General Diagnosis and Therapeutics, and disposes of the moot subject of classification and nomenclature in the briefest and clearest way by means of a table, displaying the various diseases arranged in the most rational system, with the prominent primary lesions mentioned. The reader is now qualified to take up skin diseases in any order, and the most natural and practical is according to the alphabet. Herein lies the "Ready Reference" feature embodied in the title. Each disease is considered in full, beginning with synonyms and proceeding through the symptoms to the etiology, pathology and diagnosis, and to especially full sections on treatment covering all varieties and complications. The book is rich in formulas of proved value in this very trying class of cases. Answering the needs of students, as well as physicians, this work has merited the demand for six editions in sixteen years. It is well established in favor and repays it by frequent revisions, enabling its readers always to keep posted to date.

Current Reviews

SURGERY.

Fractures.

Lucas-Championniere for thirty years has impressed the following precepts upon his students: 1. The accurate juxtaposition of the fractured extremities of bones, in order to reproduce the normal arrangement, is a laudable object. It is only achieved in a minimal number of cases. 2. Never tell a patient that you are going to obtain and that you have obtained this exact result. 3. The books teach you that this is the case, but clinically the statement is false, and it will turn against you in several ways. 4. The conditions that are necessary in order that a limb should again become functionally perfect are far from demanding this exact juxtaposition. There are a large num-

ber of conditions which are more essential, and which you should be more sure of satisfying. 5. Do not insist upon this claim. 6. Give no credence whatever to the statement that absolute lack of movement is the most favorable condition for the repair of bone and for the formation of callus. A certain amount of movement favors and accelerates bone formation. 7. Do not proclaim from the housetop that radiography gives you an exact picture of the fragments. But on the other hand never try to prevent the use of radiography for a bony lesion. Whenever it is materially possible to employ it, have it employed; but never allow it to be interpreted in your absence, and make a special point of explaining to the patient or his friends in the clearest possible way the interpretation of the photograph. The medical profession should make the lay public understand the difficulties involved in a study of fractures. They must know that (a) radiographs have to be interpreted; (b) the reduction of fractures is not an absolute rule and is often not indispensable; (c) absolute rest is **not** the necessary test of every sound treatment for fractures; (d) a fracture is not a simple lesion, but includes complications owing to displacement, and owing to rupture of tendons and muscles; and (e) there is **no** mathematical solution for the repair of fractures. It is always difficult to put the public on its guard against the rooted belief that it knows and can understand everything relating to medicine. But in the case of fractures the doctor must be especially on his guard, because nothing will uproot the conviction of the public that it can understand every secret in connection with the treatment and repair of bones.

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of charity with as good grace as most men. I can go through rain, snow or mud and do my best, provided the case is one of worthy need, but to reward continually downright rascality, willful drunkenness and wanton laziness is getting out of my line."—Dildy, in Texas State Journal of Medicine.

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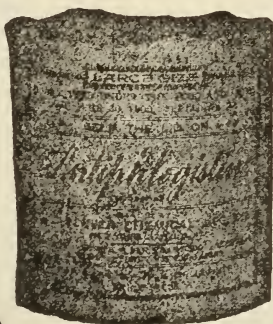
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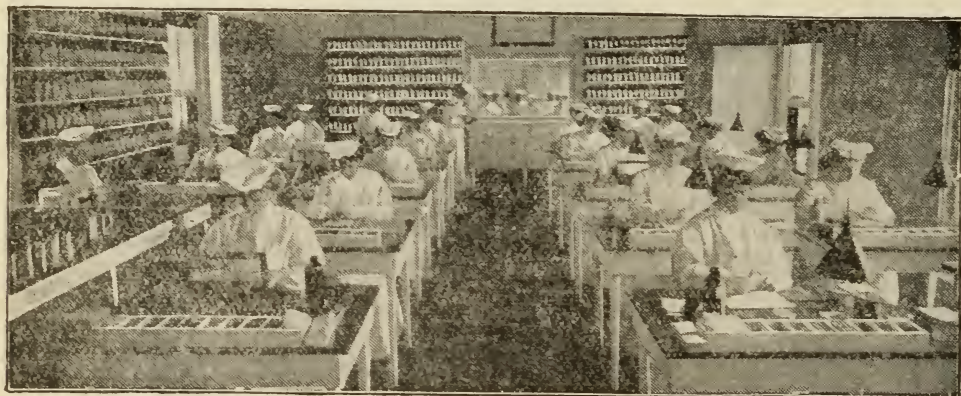
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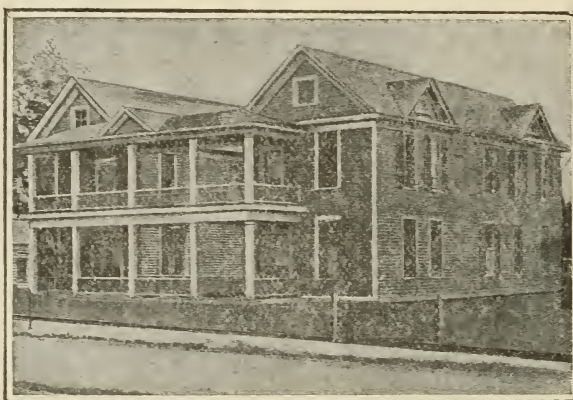
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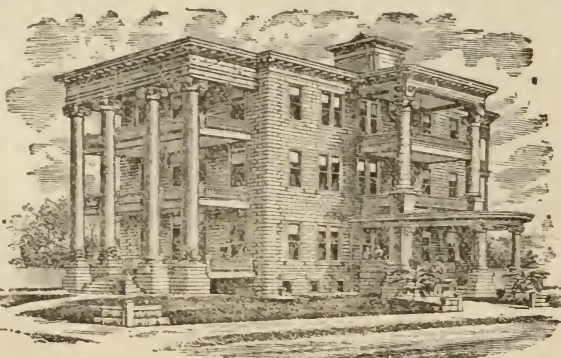
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TABLE OF COUNTY SOCIETIES AND OFFICERS.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society.	President.	Secretary	Time of Meeting.
Abbeville.....	J. W. Wideman.....	C. C. Gambrell, Abbeville...	Semi-Mo., 1st and 3rd Mon Monthly, 1st Monday.
Anderson.....	W. H. Nardin, Jr....	J. R. Young, Anderson.....	
Aiken.....	A. Holsonback.....	Harry H. Wyman, Aiken...	Semi-Mo., 1st and 15th.
Bamberg.....	.....	J. J. Cleckley, Bamberg....	
Barnwell.....	A. B. Patterson....	L. F. Bonner, Blackville...	Monthly, 1st Monday. Quarterly.
Beaufort.....	H. M. Stuart.....	M. B. Cope, Port Royal....	
Charleston....	John L. Dawson....	A. J. Jervy, Charleston...	Monthly.
Cherokee.....	.....	B. L. Allen, Gaffney.....	
Chester.....	W. DeK. Wylie....	W. B. Cox, Chester.....	Monthly, 1st Monday Quarterly.
Clarendon....	A. S. Todd.....	C. B. Geiger, Manning.....	
Chesterfield..	T. E. Lucas.....	J. W. McCanness, Chesterfiel	Monthly, 1st Monday
Colleton.....	J. T. Taylor.....	T. G. Kershaw, Walterboro	
Darlington....	J. F. Watson.....	J. C. Lawson, Darlington...	Quarterly.
Dorchester....	J. P. Mellard.....	E. W. Simons, Summerville	
Edgefield.....	.....	J. G. Edwards, Edgefield...	Monthly, 1st Friday. Monthly, 1st Monday.
Fairfield.....	R. B. Hanahan.....	Samuel Lindsay, Winnsboro.	
Florence.....	A. G. Eaddy.....	W. E. Mills, Timmons ville.	Monthly, 1st.
Georgetown...	Olin Sawyer.....	W. M. Gaillard, Georgetown	
Greenville....	J. W. Jervy.....	W. M. Burnett, Greenville..	Monthly, 2d Monday.
Greenwood....	W. P. Barratt.....	J. B. Hughey, Greenwood..	
Hampton.....	J. L. Folk.....	C. A. Rush, Hampton.....	Bi-Monthly, last Monday. Monthly, 1st Tuesday. Quarterly.
Horry.....	H. H. Burroughs...	J. A. Norton, Conway.....	
Kershaw.....	W. J. Dunn.....	A. W. Burnet, Camden.....	Monthly, 3rd Tuesday. Monthly, 2nd Wednesday. Every 2nd Monday night.
Laurens.....	W. H. Dial.....	J. H. Teague, Laurens.....	
Lee.....	B. L. Harris.....	L. H. Jennings, Bishopville.	Monthly, last Friday. Monthly, 1st Thursday.
Lexington....	J. W. Geiger.....	J. J. Wingard, Lexington...	
Marion.....	B. M. Badger.....	T. W. Carmichael, Fork....	Monthly.
Marlboro....	J. H. Reese.....	J. C. Moore, McColl.....	
Newberry....	P. G. Ellisor.....	W. E. Pelham, Jr., Newberry	Monthly, 1st Thursday.
Oconee.....	B. F. Sloan.....	H. E. Rosser, Westminster..	
Orangeburg...	W. L. Pou.....	L. C. Shecut, Orangeburg...	Monthly, last Friday.
Pickens.....	D. B. Gilliland....	H. E. Russell, Easley.....	
Richland.....	R. L. Moore.....	Mary R. Baker, Columbia..	Monthly.
Saluda.....	D. B. Frontis.....	J. D. Waters, Coleman.....	
Spartanburg...	J. L. Jefferies.....	W. G. Sexton, Spartanburg.	Bi-Monthly.
Sumter.....	H. M. Stuckey.....	F. K. Holman, Sumter.....	
Union.....	S. G. Sarratt.....	T. Maddox, Union.....	Bi-Monthly.
Williamsburg	W. S. Lynch.....	J. B. DuRant, Lake City...	
York.....	J. H. Saye.....	E. W. Pressley, Clover.....	

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INVESTIGATE!

FOR HE WHO INVESTIGATES for himself soon becomes the man who KNOWS. Remember that in all things medical you are your own judge and jury. You do not have to accept as a "fixed law" the word of any other living man. You are judged by the RESULTS you get and if a new remedy has proven itself to be a "good thing," you cannot afford to leave its advantages to your competitors. **Investigate!**

To win success a physician must beware of getting into ruts and becoming "old-fashioned", of closing his mind against new truths. The world moves and Medicine with it! When a man ceases to progress, he commences to retrograde. Don't be a back number. **Investigate! Prove for yourself.**

Go slow in taking sides in controversies. Get the evidence on both sides and then prove things out for yourself. Assume always the position of judge and never that of advocate. **Be an investigator for yourself.**

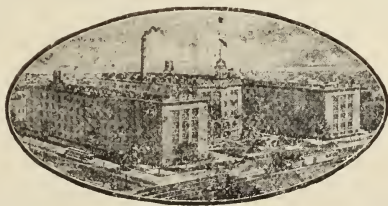
Go slow in accepting negative arguments. They are not worth much, and are always worthless until subject to the crucial test of practical application. Go slow and sure but do not stand still.

Be always receptive to new ideas, but never prejudiced. Look for self-interest everywhere, and discount every man's argument by the violence of his assertion. Financial interests have long arms and do not like to have their methods disturbed or their profits reduced.

Get busy with your own mental furniture. Don't fail to give it a frequent overhauling. **Investigate!** Throw out the rubbish and fill your mind with the ideas and methods that are likely to be of the most practical benefit to you and your growing circle of patients.

Don't burden yourself with the incubus of precedent and authority. Learn to stand on your own feet. **Think** and translate your thoughts into action; then pass them on to your fellow men and to humanity. So shall you accomplish much!

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As an immediate incentive for the increase of energy and activity on the part of the Secretaries of the various County Medical Societies in this State, THE JOURNAL is arranging for a series of prizes to be given away at the end of the fiscal year—December, 1908.

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HENCE THIS OFFER.

There are perhaps 300 eligible doctors in South Carolina who are not yet members of their County Societies.. Every single one of them should be SYSTEMATICALLY and REPEATEDLY solicited by the Secretary of the Society in the county in which he lives. NOT ONE OUT OF TWENTY of them will refuse to join if properly approached and kept reminded of the advantages of the organization.

HERE ARE THE FOUR PRIZE OFFERS.

1. One collection of these valuable books will be given to the County Medical Society Secretaries in this State who can report, for the fiscal year 1908 (that is from January 1, to December 31, 1908) the largest percentage of increase in his County Society membership.

2. Another medical collection will be given to that Secretary who reports the largest actual net gain in membership for his County Society during the year.

3. A third collection of up-to-date medical works will be given to that Secretary who reports for the year the largest average attendance on regular meetings of the Society in proportion to the total membership of the Society.

4. Still another handsome collection of recent classical medical works will be given to that Secretary who, during the year, outlines the best plan for increasing and maintaining the interest and membership of the County Medical Society. This plan must be gotten up in typewritten form and may be submitted to the Editor of the Journal at any time between now and the first of October, 1908, for publication in the Journal and shall be confined, if possible, to not more than five hundred words.

The awarding of these prizes will be in the hands of the Board of Councilors of the Association, and the Editor of the Journal, and the awards will be made and announced as near the close of the year as is possible.

Through the courtesy of the publishers, Messrs. J. B. Lippincott Company, of Philadelphia, we have already in hand for part of the above prizes, PIERSON'S ANATOMY, and INTERNATIONAL CLINICS, Series XVII. Volumes I to IV. Another prize will be a full set of Modern Clinical Medicine, published by D. Appleton & Co.

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Volume IV.

Greenville, S. C., November, 1908

Number 11

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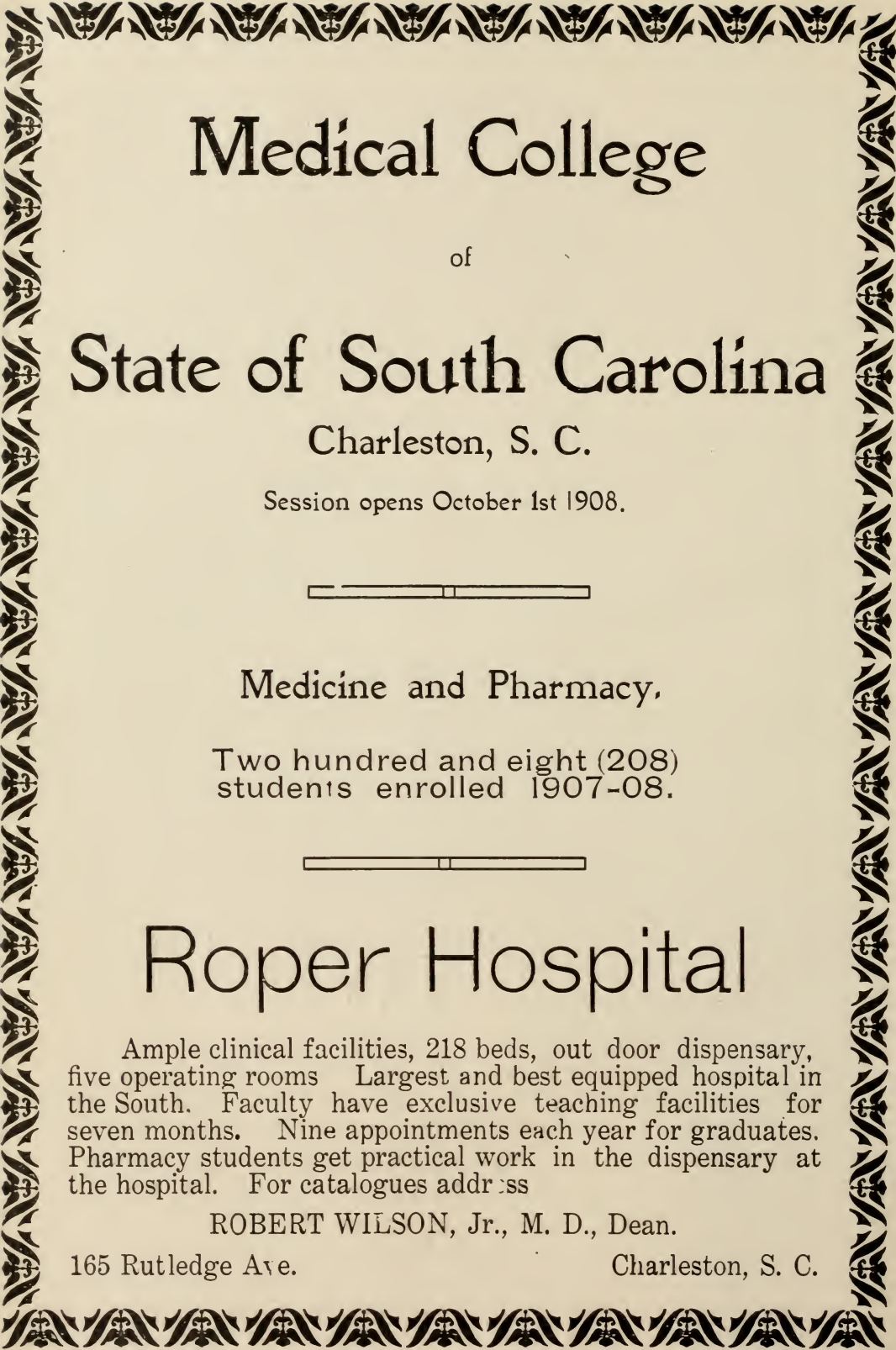
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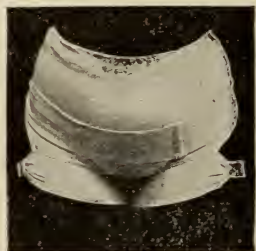
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Pellagra: Patient at asylum, Mombello, near Milan, Italy. Illustrating eczematous condition of the backs of the hands.



Pellagra: Patient at State Hospital, Columbia, S. C. Illustrating eczematous state of the backs of the hands.

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J. W. JERVEY, M. D., EDITOR

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Editorial

Owing to the unusually great pressure which is brought to bear on the columns of the Journal this month, we have been compelled to omit some of our regular departments and curtail others, and it has also been necessary to carry over many important matters to the December issue. Among the items necessarily omitted is the matter occupying two and a half to three pages covering the proceedings of the meeting of the Committee of the South Carolina Medical Association for the Study and Prevention of Tuberculosis, held in Columbia October 29th, last. This, with other important matters will appear in the December issue of the Journal, which, we hope to get out in about three weeks' time.

THE CONFERENCE ON PELLAGRA.

The recorded history of pellagra in America seems to show that sporadic cases of the disease were recognized in New York and Massachusetts asylums as far back as 1863 or 1864. At about the same time an epidemic of pellagra occurred at the asylum at Halifax, Nova

Scotia. The records of further cases of the disease are silent until this century. In 1902, S. Sherwell, and H. T. Harris, of Georgia, each reported a sporadic case. Searcy, of Alabama, reported an epidemic of acute pellagra in 1907, and last year also J. W. Babcock, and other medical officers of the South Carolina State Hospital for the Insane, and several Columbia physicians reported to our State Board of Health their observations on a pellagroid disease. When the latter conclusion was reached, the physicians making the report did not know of the previous observation of pellagra in the United States. In fact, the report was made questioning the statements of such authorities as Osler and Spitzka that pellagra did not exist in our country.

The present interest in the question may be said to have begun with the publication in this Journal, and in the American Journal of Insanity, of the above mentioned report of South Carolina physicians. This fact should not be lost

sight of in future investigations. Practically no interest in pellagra resulted from previous reports of other cases except a sporadic case reported by Merrill, of Texas, after the publication of Searcy's paper. So far as the question of priority in the United States is concerned, John P. Gray, of Utica, N. Y., seems to hold the record under date of 1864. (American Journal of Insanity, October 1864.) During the summer of 1908, Bellamy, of North Carolina, read a paper on the disease, as observed in Wilmington, at the meeting of the American Medical Association, in Chicago, and in June a symposium on pellagra was held at the annual meeting of the North Carolina Medical Society, at Winston-Salem, where papers were read by Wood, Taylor, McCampbell and Lavinder.

In July, 1908, Babcock and Watson, of Columbia, S. C., each independently, by a fortunate accident, identified at Milan, Italy, the disease they had studied in South Carolina with the disease long known and called "pellagra" by Italian physicians. It is to be remembered that these two physicians were associated with others in calling the attention of our Board of Health to pellagra last December and the credit of identifying the disease is also claimed for South Carolinians. Moore, of Augusta, and Lavinder, of U. S. Marine Hospital Service, have since directed further attention to pellagra by their special studies.

While the majority of cases so far observed and reported are from State Hospitals for the Insane, yet all cases do not become insane, although most of them are depressed, melancholy or hypochondriacal. Notable cases have been recorded by Harris, of Georgia; Wood,

of Wilmington; Nesbitt, of Charlotte; Lancaster and Watson, of Columbia; Frontis, Ridge Springs; Neuffer, of Abbeville; Bailey, of Clinton; and others, some being published for the first time in this issue of the Journal. The majority of cases admitted to the State Hospital at Columbia this year have been from above the "fall line" but cases have also come from the low country—notably from Charleston and Horry.

In view of all these circumstances, and especially because of the increasing number of cases in the asylum in Columbia, the South Carolina Board of Health decided to call a conference on pellagra to be held in Columbia during Fair Week, October 29, 1908. So far as we know or can learn this was the first meeting ever held in the United States devoted entirely to pellagra. The resulting program and attendance of seventy or more physicians from the two Carolinas and Georgia must have been both a surprise and a gratification to the Board of Health under whose auspices the conference was held. We are fortunate today in being able to present to our readers the several papers comprising this unusual program, which is all the more unique in that nearly every physician who was appealed to for a contribution responded most willingly in spite of the very short notice between the appeal and the time set for the meeting. In this way the whole ground of the pellagra problem was fairly well covered. To see how well it was covered the readers may compare our papers today with what is said of pellagra in the average text book.

Where all the papers are of so high a degree of excellence and merit, distinctions are perhaps as useless as they are

invidious, but we may be permitted to direct especial attention to the paper by Watson, presenting the maize theory of the causation of pellagra, and the one by J. H. Taylor, based upon Sambon's original conception that a trypanosome is at the bottom of the pellagra syndrome. The personal observations of Drs. I. M. Taylor, McConnell, Lancaster, Bailey, and Frontis served to bring out clearly the types of the disease observed by physicians in widely separated localities. The article on "The Supposed Relationship of Damaged Grain to Epizootic Cerebro-Spinal Meningitis of Horses" (blind staggers) by M. Ray Powers, D. V. S., of Clemson College, was both timely and added no little to the completeness of the program.

The other papers were admirable, but rather than attempt to discuss each and all we lay them before our readers that they may ponder and inwardly digest them. We can in conclusion add our congratulations to those of the daily press, to the State Board of Health, and to Dr. Babcock, of the State Hospital, for their happy conception of this meeting and their skill in bringing to a happy issue a gathering unique in the history of medicine in South Carolina and in the United States.

PELLAGRA—IMPORTANCE AND FREQUENCY.

On account of the active interest of a large number of members of the profession in this state, and also by reason of the very great scientific importance of the discovery and identification (largely through the efforts of Dr. J. W. Babcock, of the State Hospital for the Insane) of pellagra in South Carolina and adjoining states, and probably throughout the country, a large amount

of space is given up in this issue to the discussion of this disease, as rendered at the Conference on Pellagra in Columbia on October 29th.

There may be some who doubt the serious existence and frequency of pellagra in this country. These we would refer to the following letter embodying a preliminary report by the State Health Officer.

Columbia, S. C., Nov, 16th, 1908.

To the Editor: Assuming that the profession of the state is interested in the subject of pellagra, I am giving you herewith some data collected from the following questions mailed to every physician in the state on or about Nov. 1st.

No. 1—Have you had cases like pellagra, or with an eczematous eruption on the exposed surfaces of the body accompanied with diarrhoea and mental depression?

No. 2—How many cases have you seen?

No. 3—How long since you recognized the disease?

No. 4—If at all, how long do you think the disease has existed in your section?

No. 5—What proportion of the cases were male; female; white; black?

No. 6—What was the occupation of those affected?

No. 7—Do the products of Indian corn (hominy and meal), form any part of the dietary of the patients, and are these products derived from native or shipped corn?

No. 8—Were your patients from poor; moderate, or well-to-do classes; and were they from the city, town, or country?

From the 932 circulars sent out I have received, up to date, 200 replies—69 in the affirmative and 131 in the negative. Of the 69 circulars answered in the affirmative we have reported 148 cases—96 white, 52 colored; 45 males, 103 females. It would seem, from the reports received, that the disease prevails in every county of the state, but of this I will speak in a complete statistical report which will follow later.

My apology for offering this now, is my desire to give to the profession some

idea of the prevalence of the disease throughout the state.—C. F. Williams, M. D., Secretary and State Health Officer.

We have no doubt that the disease is to be found in every county in the state, and believing that it is due the membership of our Association that their Journal should assist them in every practical way to a recognition of, and familiarity with, the problems that present themselves in the daily round, we have devoted practically the entire space of the Journal this month to the reproduction of the views of those amongst us who have seen, recognized and studied this disease.

THE STATE HEALTH OFFICER.

It is possible that when the office of State Health Officer was established by legislative enactment at the beginning of this year there may have been among the laity, and especially among the politicians, a lingering doubt that the results from the office would warrant the expense of its support. During the period of less than one year since the office has been established an epidemic of diphtheria and scarlet fever that seriously threatened the rural districts of the upper part of the state, was controlled and practically aborted. Unfortunately (or perhaps we should say, fortunately), there is no way of stating with accuracy how many lives were saved through the active efforts of the Board of Health as executed by the State Health Officer. We believe that it would be reasonable to say that at least one hundred lives were saved by this campaign against the disease. The cost of maintaining the office of State Health Officer is, we believe, about three thousand dollars (\$3,000) a year. Who could object to so trifling an expendi-

ture on the part of the state in view of the results? But this is not all. The active and scientific efforts of this office have recently resulted in jugulating what at one time looked like the development of a most serious outbreak of typhoid fever at Winthrop College, the state normal institute for young women, and the same office is at present engaged in the important task of demonstrating the frequency of pellagra in the state, and of familiarizing the profession with the means of diagnosing and treating this condition. It would be a myopic statesman indeed, who in the face of these three campaigns alone, not to speak of other more or less important efforts, would dream of adopting any legislation whatever which could in the least degree hamper the work of this most important office. We hope and expect to see the legislature of the coming year most generously inclined toward an increase of the support and facilities afforded the State Health Officer.

Editorial Notes

When a real nice lady-like old party slaps you on the bare wrist and says, "There, now! You be good!"—ain't it awful? When you're doing something you feel sure is right; when you're making a fight that you know is right; when you see the opposition to such a fight and know just exactly what inspires it and how rotten with debased and debasing commercialism the inspiration of the opposition is, is it not too bad to be chidden? It is, indeed it is. The management of your Journal is in tears; it is going about in sack cloth and ashes; its wails may be heard resounding through the night and disturbing even the cat; for your Journal has been scolded—slapped on the bare wrist! We had the temerity to say that those firms whose preparations we use should advertise in our Journal and thus help

along the fight for decency by aiding in its support. We went further and said that other things being equal we should use the goods manufactured by those who do advertise with us in preference to those of firms who do not aid us. That seemed a perfectly fair proposition and we have asked—and received—the support of a large number of our members on that as a platform. Furthermore, we have asked our members always to demand of the detail man, when he first enters the office, an answer to the question, “Does your house advertise in our Journal? and if not, why?” Secondly, “Is your staff approved by the Council? and if not, why?” These are simple things, but we think they are just and right. The Medical World, of Philadelphia, however, thinks this is perfectly dreadful! We should be ashamed! We are quite naughty! We are to be chid? We have been slapped on the wrist! “Ain’t it rotten Rosie?”—Calif. State Jour. of Med.

Readers of the Journal have probably noticed its gradually increasing size and are probably not unmindful of the fact that this involves an increased cost. They may, however, need to be reminded of another fact, that our revenues are considerably augmented by the receipts from the advertising columns. Advertisers are attracted not only to those journals which have a large circulation, but especially to those whose readers are led to patronize them. The Committee on Publication would, therefore, suggest that all of our members read the advertisements appearing each month and, as far as consistent with their needs, give preference thereto—remembering that as we cordially welcome all reliable advertisements, the advertisers also are entitled to due consideration at our hands.—Jour. Med. Soc. of N. J.

To participate in making the Journal better in circulation, in reducing its expenses, in saving your Association actual money, simply read our advertisements and write to the firms if they offer you the best, and purchase there, be-

ing sure to tell them that you prefer them as long as they continue to make their wares as good as any other manufacturer and to advertise in the Journal which is part yours.—Ex.

Original Articles

ETIOLOGY OF PELLAGRA—THE ITALIAN MAIZE THEORY, OR THE THEORY OF LOMBROSO.*

By J. J. WATSON, M. D.,
Columbia, S. C.

This theory is based upon the following facts, viz:

1—That maize is the staple cereal consumed by the inhabitants in pellagrous countries.

2—That pellagra is now recognized as a disease in every maize producing country.

3—That extracts made from damaged maize will produce, in man and animal, symptoms similar to pellagra.

4—That symptoms similar to pellagra have been produced in animals by feeding them on damaged maize or corn.

The North American continent is the natural habitat of *zea maidis* and, ergo, I believe the original home of pellagra. In 1600 Barnino described a condition that was evidently pellagra in the American Indians and he attributed it to the eating of Indian corn. Maffei, in the same year, noted that Indians eating damaged corn had a peculiar weakness, this was evidently pellagra. Authors after Barnino and Maffei do not speak of the malady in men, but references are found to a condition existing in horses in Mexico, which was characterized by the animal becoming paretic, tabetic,

*Read at the Conference on Pellagra, at Columbia, S. C., October 29th, 1908.

with loss of hair. This was attributed by the writers to the animal having eaten damaged corn.

The disease followed quickly the cultivation of corn in Spain, for in 1735, it was observed there by Casal. Frappoli, physician to the hospital of Milan, observed the disease there and gave it its present name (from *pellis*, skin, and *aegra*, disease). Pellagra, which means diseased skin, at this time was believed to be in some way associated with the eating of damaged corn; for, in 1776, an act was passed, by request of the sanitary committee of Venice that no one in the public markets of Venice could offer for sale or exchange corn that had a bad odor or taste.

In 1848, Ballardini stated and demonstrated that pellagra was caused by eating damaged maize. At that time he had not become acquainted with the conditions that had rendered corn dangerous as an aliment, but later propounded the theory that dampness caused a fungus to develop on the maize and that the fungus caused the disease. He also recommended that those suffering with pellagra should not eat maize, and was gratified to observe cases of recent origin recover on a maize free diet. This circumstance convinced him in his theory as to causation. He was vigorously opposed in his opinion by a great many physicians, and he as vigorously maintained his position. The acrimonious (I presume) discussion that followed as a result of doctors disagreeing and the fact that the disease had increased in Lombardy from 14 per thousand in 1839, to 28 per thousand in 1856, naturally directed the attention of the public to the disease, and we find that a commission was appointed by the Lombardian government to look into the report on the causation of the malady. This com-

mission after the usual vacillations that are inseparable from ignorance reported that Ballardini's damaged maize theory in their opinion was correct, but that they could not concur in his opinion that a maize free diet had any effect on the disease (how queer). They inclined to the belief that the improvement that followed Ballardini's efforts was due to bettered conditions of alimentation.

Subsequently, Ballardini discovered in the copper-green mould that is on bad maize, a micro-organism—*sporisorium maidis*. He cultivated this fungus artificially and with it was able to produce in man a burning sensation in the mouth, pharynx, esophagus; gastritis, and diarrhoea. Chickens fed on this infected corn lost their feathers and showed other symptoms of pellagra. It has been shown and admitted by Ballardini that this is a very rare fungus on corn and not the cause of pellagra. Yet the finding of this fungus was of great moment, for it was the cause of further researches, and these studies have been of great practical value in preventing pellagra in Italy.

The present practically universally accepted theory of the causation of pellagra is the theory of Prof. Lombroso, of Turin. Evidently stimulated by Ballardini's work, he, in 1864, commenced experiments with bad maize and eventually arrived at conclusions, that after having been vigorously opposed, have been accepted by nearly every one who has given any time and study to the disease. The Italian physicians are fully satisfied that if damaged maize could be excluded from Italy, there would be no pellagra there. This practically universal opinion of men who live and have lived with the disease for generations, cannot be lightly passed over.

The prevention and treatment of pel

lagra in every country today is a result of Lombroso's labors. His theory is that certain fungi (*penicilium*, *aspergillus*, etc.) found on maize, when exposed to moisture produce in the corn a toxine. That this toxine, when taken into the system, produces pellagra. These organisms when injected into persons or animals, or when grown on any other culture medium than maize, are non-toxic. If grown on a culture medium of corn meal gruel it separates into three portions; upper portion or fungus, non-toxic; middle portion or liquid, toxic; lower portion or precipitate, toxic. He has made a 33 1-3 per cent. alcoholic extract from damaged maize that he calls "pellagrozina", and with this extract has produced, in both animals and men, symptoms similar to pellagra.

Experiment on Twelve Healthy Men.

Twelve healthy men were given tr. of bad maize by mouth for many days, and all symptoms were noted. There were forty-three symptoms noted in ten cases; two cases were not affected. The symptoms, diarrhoea, increased appetite, soft feces, revulsion to food, weakness, lassitude, erythema, desquamation and skin lesions, were the most important. There was also a pronounced effect on the heart and kidneys. There was a diminution of weight from 4 to 20 pounds. Two cases increased in weight six and eight pounds. Many of these symptoms lasted two and a half months, in one case for nine months, after the experiment was discontinued. Six of the men were accustomed to alcohol. Two of these had no symptoms, and two resisted much more than the others. One of the subjects was a subject of psoriasis and the skin disease was cured by the experiment. Since then the tr. of bad maize has been used by Lombroso as a treatment of psoriasis, with success.

Experiment on Dog.

Weight 15 pounds, was given 15 c.c. pellagrozina hypodermatically. No symptoms for 45 minutes. After one hour he walked with his legs far apart, and his hind legs rigid. Photophobia, one hour and six minutes, slight tetanic contractions, reflexes exaggerated, very rigid, convulsion if least irritant is applied, drinks great deal of water, but cannot eat. After two and a quarter hours has general convulsions, cannot stand water. After three hours has real tetanic convulsion, after four hours is better, can be touched but cannot stand noise. Feces very soft and bad odor. After nineteen hours cannot walk, paresis of hind legs, has convulsions and profuse salivation. Died in twenty-four hours.

Experiment on Dog.

Fed on bad meal, one-half pound each day from February 4th to May 4th. The dog gradually lost weight and strength. The last two days of his life he lost four and one-half pounds. May 4th, his gait was not natural. Rigidity of hind legs, reflexes exaggerated, appetite good, but cannot swallow food. Thirsty, tremor, slow respiration, intelligence normal. Diarrhoea. From May 4th he was fed on good breads and milks. May 5th, and 6th, has rough hair, convulsion when he tries to walk. Thirsty, not as intelligent. May 7th, dilated pupils, no action to light. Tetanic spasms on least irritation. Respirations increased, while a healthy dog makes 12 respirations affected dog makes 112, whining with each respiration. May 8th, completely rigid, every three seconds has tetanic convulsions. Penis erect. General tremor. Cannot stand on his feet. Temp. 104 degrees. May 9th, cannot stand or drink. Rigidity of front legs. May 11th, death.

Effects on Chickens.

Chickens when fed on infected corn

lose feathers, become very poor, have erythema, with thickened and wrinkled skin. The feet and legs assume a rough, scaly condition, the feet and legs of a chicken three months old resembling the legs of a very old chicken. They eventually become paretic, ataxic and die. Young chickens if infected do not develop, do not feather, have erythema, become paretic, ataxic and die. The photograph illustrates very plainly this effect, as all three chickens are the same age and breed—hatched in the same brood.



Chickens hatched at same time, same breed. The two smaller ones have pellagra, from damaged corn.

Lombroso's experiments have been confirmed by a great many investigators in various pellagrous communities. Prof. Ceni is of the opinion that pellagra is caused by the fungi, *penicillium* and *aspergillus*, and that the kind of alimentation is of only secondary importance. Yet he admits in a personal letter to me, that "maize is especially

to be considered as one of the principal agents in the causation of pellagra."

From my own observations and studies I am fully convinced that damaged maize is the cause of the disease here. Our climate and season both are conducive to the thorough maturing and curing and preserving of Indian corn, and therefore in exceptional cases only does this cause the disease. I am of the opinion that corn properly gathered and housed in the Southern states will not cause pellagra. All of the cases I have seen in this state give a history of having eaten bought, or rather shipped, meal at some time during the year, and a great many of them ate it continually. I therefore believe that Western corn goes through a heat before it reaches its destination, and when offered for sale is infected with the fungi, as the samples that I have secured from the markets here plainly show. By inspection you will see that the samples of corn from Turin and Venice are not as much affected as samples No. 1 and 2. The Turin and Venice corn would not be allowed to be sold in either of their markets.

THE PROTOZOAN THEORY OF PELLAGRA.*

By J. H. TAYLOR, M. D.,
Columbia, S. C.

When so universally recognized an authority on a special subject, as Lombroso is on pellagra, renders a verdict seemingly final, it is perhaps presumptuous for anyone to entertain a different view. It is only in the spirit of endeavor to cover the whole ground of the etiology of pellagra that I undertake to read these notes, based upon Sambon's recently ex-

*Read at the Conference on Pellagra, at Columbia, S. C., Oct. 29, 1908.

pressed protozoan theory. The desperate efforts to associate maize with pellagra really borders on the ludicrous when one reviews the numerous fungi and bacteria that have been isolated from this cereal and its products, and with which men of eminence, not pseudo-scientists, claim to have reproduced the symptoms of the disease in animals. One after another these claims have been disproven, and there now remains to be considered only the toxine theory of Lombroso. This conviction of the maize guilt is so firmly fixed among the Italians, at least, that where a case presents showing the classic symptoms, but with which they can associate maize in no way, then it becomes a case of "pseudo-pellagra," and not the true disease. However, if men of such splendid ability as Sir Patrick Manson and Sambon, of the London School of Tropical Medicine, question the maize theory and look for another cause, they do this with reason, and their opinions cannot be put aside lightly.

Sambon acknowledges the close association of aspergillus and penicillium with pellagra, but calls attention to the wide variation between the symptoms of pellagra and those of all other fungoid diseases—thrush, ring worm, actinomycosis, etc.,—and, moreover, he emphasizes the presence of this fungus in millet, vetch, barley, wheat, rye, and grapes, the ingestion of which is harmless. He believes that with a deeper knowledge of the protozoa we shall find the cause of pellagra here, basing this belief on the similar symptoms and pathology with syphilis and sleeping sickness, both established protozoan diseases, and pointing out in his magnificent article (Remarks on the Geographical Distribution and Etiology of Pellagra) numerous discrepancies in the maize theory

that need explanation, and until it is forthcoming, warrant one in holding to his skepticism.

Points Against the Maize Theory.

1. The cultivation and extensive use of maize antedates by about 200 years the appearance of pellagra in Italy.

2. There are extensive regions today where pellagra is rampant, but where corn is neither grown nor eaten, while on the other hand, there are large areas where this cereal is the principal article of diet, with all its fungi and bacteria, but pellagra is unknown.

3. The disease shows a "tendency to spread slowly but widely and independently of maize cultivation and maize theories."

4. It attacks chiefly persons of the rural districts and seldom those in towns, though both use maize as a staple article of diet; and, again, of individuals in the same household, living under identical food conditions, often one only is attacked, the others remaining absolutely free of symptoms.

5. If due, as claimed, to a toxine, then children should, as in ergotism, be most often attacked. On the contrary, the adult is by great odds the principal sufferer in pellagra.

6. If a toxine, why the distinct periodical appearance of the symptoms?

7. If a toxine, why is the poison not transmitted through the mother's milk?

Similarity of Pellagra and Protozoan Diseases.

With these facts in mind now let us consider in detail the striking similarities between this disease and the two protozoan diseases, syphilis and sleeping sickness.

Regarding the sleeping sickness, the first recorded observation of the specific organism in man was observed by Nepveu, a Frenchman, about 1891, though

he did not grasp the significance of his observation, nor did he associate it with any definite disease. Ten years later an English colonial surgeon in the River Gambia Colony, in examining the blood of a supposedly intractable case of malaria noted free in the plasma a very minute motile organism, the nature of which he too failed to recognize, though he thought it might stand in a causative relation to the symptoms. Six months later, still puzzled and at a loss how to associate the organism with the disease, he called to his assistance another English physician, Dutton, who was making a study of malaria in the colonies. Dutton at once grasped the significance of the observation and recorded his beliefs in its relation to sleeping sickness. Since this time there has been abundant verification of their association from many quarters, and the theory is generally accepted. This parasite was the trypanosome hominis, and is a small transparent non-pigmented, actively-motile organism about the diameter of a red blood cell, spindle shaped, and moving with a wriggling, spiral-like motion. All we know of its life history is the fact that it multiplies in the blood by longitudinal fission, that it is conveyed from animal to man by an intermediate host, the tsetse fly being the one known carrier. There are a number of other trypanosomes, but this is the only one known to be pathogenic to man.

Now regarding syphilis and its protozoan nature, there has been demonstrated free in the blood of syphilitics and in the scrapings from chancres, papules, condylomas; in the aspirated fluid of enlarged lymph glands, etc., an organism closely allied to the trypanosomes, namely the spirocheta pallida, or treponema pallidum. Moreover, Metchnikoff has demonstrated it in the le-

sions of artificially infected apes. As our endeavor is to show the very suggestive similarity in many respects between pellagra, sleeping sickness and syphilis, the latter manifested in the symptoms of general paresis and the pathology of general paresis and tabes dorsalis, it is of vital importance that Schaudinn has found that the fluids of infected persons react specifically, of which reaction Wassermann has made a special study and has found a positive response in general paresis and tabes, which establishes the true syphilitic nature of these conditions.

We shall now consider the parallel to be drawn between these three diseases, two of them established protozoan diseases, and shall find them most striking and compelling of our attention.

Type: They are all essentially slow progressive toxæmias, the duration of pellagra being from a few weeks to twenty or more years; that of sleeping sickness from three months to three years; and syphilis from a few months in the malignant type to an indefinite period.

Remissions: In each we may have definite and distinct remissions, lasting from a few weeks to months or years in syphilis; from one spring to the next in pellagra; and in sleeping sickness before the final stage we have short but distinct exacerbations and remissions.

Symptomatic Similarity.

In all we have the prodromes of general malaise, headache, languor and mild digestive disturbances, which clinical symptoms are exhibited by all diseases of a microbic nature, and are readily explained by the theory of intoxications by ptomaines engendered by the organisms which, as they become more generalized, will produce more pronounced symptoms. A rise in temperature is

constant in sleeping sickness, usual in syphilis, and occasional in pellagra.

Skin: A salient feature of each is a striking skin eruption, characteristic and practically constant, due in all probability to a localized deposit of virus, with resulting changes in the texture and appearance of the involved areas. In pellagra and syphilis this lesion is symmetrical, while in sleeping sickness there is no definite arrangement. In pellagra it appears on exposed surfaces; in sleeping sickness and syphilis it may be general over the body and limbs. In pellagra it appears first as an erythema, later taking on the pigmented, scaly character, as usually seen, and is often pruritic. In sleeping sickness a peculiar itchy eruption is an early manifestation, and appears as an ill-defined erythema in patches distinctly ringed, in some cases seven to eight inches in diameter. Again, it may appear as rubelloid spots of congestion, shading off gradually into normal skin, and finally it may present as measly patches with the skin appearing slightly thickened and swollen. The skin manifestations of syphilis are of course legion and the appearances of both sleeping sickness and pellagra may be simulated exactly

General Symptoms: In the three there is common to each that gradual tendency to weakness, emphasized especially in the lower limbs in pellagra and general paresis, accompanied by progressive anemia and emaciation.

Nervous Symptoms: We come now to possibly the most remarkable of all the similarities; namely, that of the nervous symptoms in pellagra and general paresis. In that type of pellagra where the spinal and mental symptoms stand forth prominently we have the picture of general paresis so closely simulated in every respect that it is extremely difficult to

differentiate the two with the nervous symptoms alone considered. The one point of difference that has been called attention to is the absence of motor speech derangements in pellagra, which is a constant symptom of general paresis. Tuzcek, indeed, claims that the conditions undoubtedly do coalesce, beginning with pellagroid symptoms and finally becoming true general paresis. As a rule the nervous symptoms in pellagra are not progressive, while in general paresis they are essentially so. In sleeping sickness we have the same headache and mental hebetude, the patient appearing apathetic, with cerebration retarded; muscular spasm, epileptic seizures and tremors often appear, parietic symptoms in general gradually supervening. The deeper reflexes are primarily exaggerated, followed by a total loss; later, contractions of the flexors of the arms and legs appear and rigidity of certain groups of muscles is usual. The mental state, according to Jackson, is not usually that of general paresis, mania and the delirium of exaltation rarely being observed, while on the contrary despondency and a consciousness of wretchedness is the rule. In other respects it resembles general paresis.

Pathology: Here we have further verification of the relationship between syphilis and pellagra in the spinal cord changes. Lombroso states that in the most typical cases they suggest that in incipient tabes, with this difference: while in pellagra few changes are found below the dorsal region, in tabes the lumbar region is chiefly affected, though the cervical may be most involved. Both show degenerative changes in definite portions of the spinal cord, tabes attacking the posterior columns especially and pellagra the lateral or both pos-

terior and lateral. Both diseases show a combination sclerosis. Marie considers that this sclerosis of pellagra resembles more closely that of general paresis than tabes—both you will observe being syphilitic lesions. Edema of the central nervous system and a chronic lepto-meningitis is common to general paresis and pellagra, while in sleeping sickness we have a universal meningo-encephalitis in the form of a small round-cell infiltration.

Treatment: Professor Neisser, of Breslau, at the last German conference for internal medicine, reported his experiments with syphilis on apes in Java, where he demonstrated an extraordinary influence of atoxyl on infected animals, where it acts as a true specific and prevents the development of the spirochetes, so that when given early the disease is stopped completely and the animal can later be re-infected. In this institution (the South Carolina State Hospital for the Insane) we are at the present moment having remarkable results from atoxyl in pellagra when taken early in the disease, and the same results are reported in the case of sleeping sickness.

In conclusion let me quote from Sir Patrick Manson's lectures on tropical diseases: "We cannot be too cautious about adopting decided views on so fundamental a matter as the etiology of a disease. Everything depends on this—diagnosis, prevention and treatment." Recently two Americans, McNeil and Noby, have discovered a way of cultivating protozoa outside of the body, and among other things have demonstrated their presence in blood culture where they were not to be found by ordinary microscopical examination. Is it not quite possible that with further

knowledge we may yet find pellagra to be a protozoan disease?

PELLAGRA—SOME PROBLEMS IN THE STUDY OF ITS ETIOLOGY.*

By EDWARD J. WOOD, M. D.,
Wilmington, N. C.

Too much has been taken for granted in the study of the etiology of pellagra. The problem before us today is all important and we cannot expect to make any progress until order is brought out of the present chaotic state of knowledge and theory. Why should we accept the corn theory so readily? I believe that the corn plays a part, but I have no right to such a belief. Dr. Lavinder since writing his excellent monograph has found a definite case of pellagra in New York, and he writes me that the patient acknowledges eating corn food only once or twice a week. I have now a case of pellagra in a German woman who seldom eats corn food. Think of the statement that amounts to this: "Pseudo-pellagra is pellagra occurring in an individual who does not eat Indian corn"! The whole thing is cloaked in as much mystery as was the etiology of malaria before the discovery of the plasmodium, and yet what medical student does not know thoroughly how to recognize the parasite that made Laveran famous? I acknowledge that pellagra and corn have been too universally associated to allow us to pass the question over lightly, but we have not sufficient evidence to condemn the corn. The greater portion of the corn consumed in Wilmington, North Carolina, comes from Virginia and Ohio. We have

*Read at the Conference on Pellagra, at Columbia, S. C., October 29th, 1908.

certainly had 30 cases of pellagra. I have carefully gathered 3 samples of what I had reason to suspect was bad corn meal. The report from Dr. Stevens, of the North Carolina Experiment Station is:

No. I.

Penicilium, 30 per cent.
Aspergillus, 60 per cent.
Syncephalstrum, 10 per cent.

No. II.

Aspergillus, 70 per cent.
Penicilium, 20 per cent.
Chaetomium, 5 per cent.
Syncephalstrum, 5 per cent.

No. III.

Mucor, 5 per cent.
Penicilium, 45 per cent.
Aspergillus, 50 per cent.

Dr. Stevens says that he would regard all of this meal as suitable for food of a good average quality. Each of these specimens was kept for three months by me in a damp place under conditions most unfavorable. If corn meal can be harmed by any outside influence this should be bad. Is it not possible that there is some specific organism that finds a suitable place for its history in damp corn meal? If so this organism must be resistant to high degrees of temperature, or else must be a wonderful toxin producer.

Two organisms have been isolated from corn. The first is a short bacillus producing an orange yellow growth on agar-agar, staining by Gram's method and forming no spores. The cultures are abundant and gelatinous. It does not produce gas. The organism is not pathogenic. The second bacillus forms spores. On agar-agar it produces faint, round colonies which also grow on glycerine agar. It liquefies gelatine. This bacillus is not pathogenic to rabbits. It corresponds with the bacillus mesentericus, or to the bacillus maidis of Heider and Peltauf. This bacillus could be

isolated from corn meal and corn bread. It occurred in the feces of pellagrins, but has also been found in the feces of individuals who did not have the disease.

Majocchi, in 1881, described the bacillus maidis as a very motile organism which he found in the blood of pellagrins in the beginning of the disease. Cuboni found this organism in diseased corn and claimed that it resisted boiling temperature. Peltauf and Heider claimed that the bacillus maidis developed very like the bacillus mesentericus or the potato bacillus, and that it was not always present in the feces of pellagrins. These bacilli were counted non-pathogenic, but an alcoholic extract of the corn meal containing them caused narcosis, paralysis, and death of mice. Babes and Sion produced symptoms resembling pellagra in various animals by the injection of this bacillus. Ballardini working with the sporisorium maidis was able to produce in man gastro-intestinal irritation, but his results were not conclusive.

To my mind Tizzoni's work is most important. He produced the disease experimentally with his organism which he isolated from the blood of a pellagrin. He claimed to have found the organism in the cerebro-spinal fluid and organs as well as in the blood. He also found it in two out of nine samples of corn furnished by the Ministry of Agriculture.

I think we will all agree with Sambon in considering that pellagra, both in its symptoms and pathology, is allied rather with syphilis and trypanosomiasis, than with a fungus disease. The sooner we dispel the idea that pellagra belongs to the ergot group of diseases, the sooner will we clear up the question of its etiology, for surely except in that both diseases are intoxications, and that in

both diseases the spinal cord suffers the brunt of the attack, there is little in common.

I am making blood cultures from every case of pellagra within my reach and I am also making cultures from corn meal. It is too soon to report results and it matters not how successful I may be I cannot do more than Tizzoni, for has he not satisfied all the postulates of Koch?

It has already been shown by Babes and Manicattide that the blood of pellagrins contains an anti-toxin. It is probable that, whatever the germ may be, it is capable of causing the disease in most of the domesticated animals, therefore may we not hope that in a short while we will be able to secure an antitoxin with which to combat this great scourge? It remains for us to find the association, if any exists, between the etiological factor and the Indian corn. After that we may be in a position to know how to care for the corn. We cannot overlook the fact that in countries where the corn has been dried in ovens the disease has materially decreased.

In closing, I repeat, cannot the corn, whether it be diseased or sound, form a culture medium (which, of course, requires moisture) on which an organism which is the specific cause of the disease grows and develops? This view would in no wise conflict with Lombro's, nor would it make it hard to understand why heating the corn in the drying ovens has a tendency to prevent the disease. The *acarus farinae* may possibly play a part in the entrance of this suspected organism into the kernel of otherwise sound corn. It has been suggested that this animal by its eating through of the epidermis materially assists in rendering the corn noxious.

ETIOLOGY OF PELLAGRA.*

By NOEL M. MOORE, M. D.
Augusta, Ga.

My experience in observing cases of pellagra has been so limited that I do not feel at liberty to discuss its prevalence in this country further than to say that I am convinced by the reports published during the past year from various Southern states that we have quite a serious problem to contend with. So much so that a consideration of its prevention at this time is of great importance.

Although empirical prophylactic measures have been successfully employed in the past against certain diseases, still a positive knowledge of the etiology of any disease renders these preventive measures much more certain and effectual. Considering the etiology of pellagra, we find that many different theories have been advanced. Toxic substances found in damaged maize, various fungi, and other organisms have been suggested as the causal agent, but farther investigations as to the actual etiological factor are certainly warranted. As Dr. Babcock has suggested, the association with Indian corn is too constant to be ignored; and yet, certain resemblances between pellagra and some of the protozoal diseases suggest, according to Sambon, the possibility of damaged maize bearing a somewhat similar relation to pellagra that stagnant water does to malaria. As to a causal relation existing between damaged maize and pellagra, Dr. C. H. Lavinder has said: "Students of pellagra seem generally to be in accord, but it must not be overlooked that this relation is by no means definitely understood."

*Read at the Conference on Pellagra, at Columbia, S. C., October 29, 1908.

Of the various moulds suggested as the cause of pellagra, the common blue mold or *penicillium crustaceum* is the one most often considered as responsible for the disease. This fungus grows, under favorable conditions, on cheese, fruit, bread, and various grains, so it is difficult to understand why it should produce pellagra when grown on corn and not when grown on other foods.

Various toxic substances supposed to be formed in damaged maize by a fungoid growth have been assigned as the cause. Dr. R. H. Bellamy quotes Lombroso as claiming that a fatty oil found in damaged maize is the toxic principle. He is quoted as having produced symptoms, analogous to those of pellagra in man and other animals, by feeding them upon an extract obtained from damaged maize. It would be very interesting to know whether only some of the symptoms of pellagra were produced or whether the typical disease, with exacerbations recurring each spring, resulted. Of course, this statement coming from such an authority must have great weight; and yet there are certain facts difficult to reconcile with this theory. For instance, it is generally agreed that usually in the chronic cases improvement in the symptoms occurs during the fall and winter months, only to be followed by a relapse during the following spring. Why, then, if the cause is simply a toxæmia from a fatty oil, should it tend to this periodic reproduction? The other grain intoxications, although giving rise to severe nervous and gastro-intestinal symptoms, do not show this tendency.

The fact that pellagrous patients admitted to hospitals tend to have a recurrence of the trouble during the following spring, even though maize has

been excluded from their diet, would tend to negative a toxæmia as the sole cause of the condition.

It has been claimed by good authorities that pellagra only occurs in those who have worked in the fields, and never in those who have lived exclusively in cities, even though their diet consists partly of damaged maize. This observation, if proven correct, would have a most important bearing upon the subject, and in future reports of cases it would be well if this point in the history could be established.

These observations, accepted as facts by so eminent an authority as Sambon, have led him to suggest that pellagra may prove to be a protozoal disease, possibly contracted in the maize fields through the medium of some biting fly. Bearing this, at least plausible hypothesis, in mind, further studies should be made in an effort to solve this problem. I have recently heard several farmers make the statement that they experienced a very severe inflammation as the result of the exposed parts of their bodies coming in contact with the fodder while working in the corn field. From their statement, the local reaction seemed to be more severe than one would ordinarily expect from a mere abrasion. I am unable to state whether this experience is common among field laborers or not, but if so, it would suggest the possibility of the infection occurring in this way, primarily through these skin lesions.

It should be remembered that in some of the protozoal diseases, as in kala-azar, the organisms seldom appear in the peripheral circulation. As autopsy findings in cases of pellagra almost uniformly show some trouble with the cerebro-spinal system, and as the nervous symptoms are so prominent during the course

of the disease, it would seem that examination of the cerebro-spinal fluid might offer an interesting field for further investigations.

The object of this paper is not to discourage prophylactic measures directed against the ingestion of damaged maize, which efforts I believe to be most desirable, but rather to encourage further study, so that if pellagra should be proven to be a protozoal disease, possibly even more effective preventive measures could be inaugurated.

THE ROUMANIAN THEORY AS TO THE CAUSE OF PELLAGRA*

By J. L. THOMPSON, M. D.,
Columbia, S. C.

It appears that pellagra presents different symptoms in different countries although in a general way the disease is identical. It is recognized that one of the foremost students of Roumanian pellagra is Victor Barbes, professor of Pathological Anatomy, of Bucharest. His chief work has not been translated yet into English and I therefore undertake to present briefly some of his opinions as to causation.

The history and distribution of the disease show that pellagra is associated with nourishment from maize. As this appears indisputable there remain two possibilities, first that in sound maize substances can be present which under certain conditions can affect an organism injuriously, or second, that the disease is produced by spoiled maize.

It is true that careful investigations in all lands afflicted with pellagra have proven that pellagra appears where maize is harvested in an unripe state, or is

spoiled through dampness. Still, there are pellagrous regions where, apparently, sound maize is eaten. It seems not to be doubted that these last two assumptions are of importance in the etiology of pellagra only with the limitation that often apparently sound maize is affected with a fungus and bacteria, and it remains undecided whether in entirely sound maize poisonous substances are found. This much is certain, that the more noticeable the spoiled conditions of maize, the more poisonous substances it contains.

In regard to the apparently sound maize the investigations of pellagra are interesting. Barbes reports particularly the fact that even in sound maize there are numerous organisms of minute size, often more than in that which has the appearance of being spoiled. But when the maize remains several days exposed to a dry heat of 70 degrees, it contains very few bacteria. These, produced by pure culture were not injurious to animals. Only those produced by the special culture of the bacteria of putrefaction were poisonous. More important are the results which were obtained with extracts taken from polenta and corn bread, according to which 10 grams of watery extract introduced intravenously to every kilogram of the animal experimented on, produced appearances similar to pellagra, for instance, gastro-intestinal disturbances, sometimes with mental derangement. It is doubtless a question of ferments which are produced by various micro-organisms in a certain phase of their development.

Although these investigations cannot be regarded as final, still they agree with the statistical data of Lombroso and our own, according to which scarcely 25 per cent. of pellagrous sufferers can be shown to be in the habit of eating

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spoiled maize. Also, Lombroso emphasized the fact that cured pellagrous patients, when they go back to a maize diet, even though it be apparently sound, always become pellagrous again; also it appears that pellagrous persons in certain seasons of the year are especially susceptible to even very small quantities of pellagra-bearing substances.

In general these experiments show that one cannot draw a sharp line of distinction between sound and unsound maize, and that maize kept in the customary way always contains numerous micro-organisms, and their products; for certain damp parts of a grain of maize; especially the embryo, offer favorable conditions for the development of bacteria; so that Lombroso admits that most of the apparently sound maize can, in a certain sense, be regarded as spoiled. From all this one can assume that maize in general, not of itself, but in consequence of its being easily spoiled, may be regarded as pellagra-bearing.

We come now to the discussion of apparently spoiled maize, which according to the "zei-toxic-theory" causes pellagra. As far back as 1776 the board of health of Venice passed regulations for the prevention of pellagra, which were based on the view that pellagra is caused by eating spoiled maize. It was absolutely forbidden to harvest the maize in flooded districts, or to use the spoiled maize as food for man or beast. Such maize was not allowed to be mixed with the good food or to be sold. The public dealers were under obligations to give notice to the health officers as often as they had notice of such maize. This same duty devolved on the millers who were not allowed to grind such maize; also the bringing of such maize to be ground had to be reported by the officers to the board of health.

All things taken together, it stands proven that where the maize is not kept sufficiently dry and when there is a scarcity of food pellagra shows itself the most. It has often been asserted that maize brought in from other regions, especially when brought in by coastwise vessels, being usually exposed to a high degree of dampness, predisposes to pellagra even though the maize was sound when shipped.

We must distinguish between unripe and spoiled maize. The unripe grain of maize is whitish or dirty white and almost entirely shriveled, only having a thin layer of transparent hard substance on the outside, so that the embryo and perisperm appear dirty brown, or blackish. The kernel often lies in a hollow which contains a brown blackish powder, or a crumbly decomposed substance (this is what our farmers call black-hearted corn) and often the surface of the grain is covered with a mold or black dots, while on the inside the hollows are often covered with mites, scarcely observable to the naked eye. These gnaw the grains a little and then the fungus penetrates the inside.

The ripe grain of maize that is spoiled is often cracked open or wrinkled, being only covered with roundish black spots without lustre. The root of the grain is shriveled and blackish or occasionally with greenish spots. The embryo of the grain is often shriveled and surrounding it are hollows which contain a greenish powder, beetles and mites. According to Lombroso, spoiled corn meal is whitish yellow or greenish brown with mouldy smell and a bitter or sharp taste. A grain of spoiled maize when warmed in the hand has not an agreeable smell, like healthy cooked maize. We have microscopically examined sections of a grain of spoiled maize and found that

the black points on the surface consist of colonies of thick bacilli which multiply and extend themselves inside of the root substance in the form of a string.

The spoiling of maize comes from abnormally great dampness, and from the fact that it is often harvested when unripe and still further that when harvested it is not carefully handled and dried, but is kept in damp warehouses, or not protected from dampness. If maize really caused pellagra, per se, then the disease would be much more general than it really is. In Roumania, for example, are about 5,000,000 peasants, whose chief food is maize, and still we have, according to statistics of the year 1898, only about 20,000 pellagrous persons.

Maize is eaten in the north and south of Italy, yet the disease is unknown in Sicily, while in Lombardy the disease is very common. In Burgundy much maize is eaten and yet the Burgundian peasants do not pay tribute to pellagra as do the peasants from Landes (in S. W. France). The Mexicans eat perhaps as much maize as the Roumanians and the Italians, yet the disease is almost unknown to the Mexicans. Maize is pretty much the same in all regions of the world, still the conditions under which it is grown, harvested, preserved and prepared for food are different.

It is asserted that in Roumania only the white or yellow maize causes pellagra, while red maize is harmless. In these are varieties of maize with greater power of resistance in respect to spoiling, whose introduction and general use would perhaps be able to limit the spread of pellagra, but there are no sufficient investigations about this. In Roumania the peasant, in consequence of his relations to the land owner, or renter, and in consequence of his failure

to observe the laws, which are intended to lighten the heavy lot of the tillers of the soil, is not able to sow or harvest the maize at the proper time; also the Roumanian peasant does not carefully clean his maize after the harvest, preserves it in unventilated granaries, where, in consequence of the poor construction of the cribs, it is only poorly or may be not at all protected against injury during the fall and winter; or on the other hand, the maize is piled up in the loft or in the ante-room where it is deprived of the sun's rays and exposed to dampness. To these conditions must be added climatic influence, as a rainy, cold or early fall hinders even the early sown maize from ripening thoroughly. Hence it is easily understood that a grain rich in fat and carbohydrates, planted and harvested under such circumstances produces toxins by fermentation, which were extracted by Lombroso as well as Babes, and in case of animals produced symptoms which, while not showing the entire clinical complex of pellagra, showed an analogy of it.

In Italy no doubt the same conditions explain the fact that maize produces pellagra. In Southern Italy the conditions are entirely different, for the mild climate of summer, as well as of winter, permit the industrious, the lazy, the rich and the poor countryman alike to raise his maize crop early and then preserve it well dried. This is the case in Burgundy where the maize is dried in ovens. In Mexico maize is subjected to a special treatment with lime or ashes, which are rich in potash, thus the germs are prevented from developing and giving occasion for the grain to decompose and form toxins before it is eaten. In these regions maize does not produce pellagra, nor in Ireland where the maize is well aired.

THE DIAGNOSIS AND TREATMENT OF PELLAGRA.*

By J. W. BABCOCK, M. D.,
Columbia, S. C.

The writer visited several institutions in Italy in July, 1908, and satisfied himself that the cases there diagnosed as pellagra are one and the same disease as he had seen in South Carolina and made the subject of a special preliminary report to the S. C. State Board of Health in December, 1907. This identification of the two diseases was made the subject of an associated press dispatch from Milan, July 15th, at the instance of Mr. W. Bayard Cutting, Jr., deputy consul general of the U. S., who had become especially interested in the subject. It is hardly necessary to give full particulars of the visits leading up to this identification at the present time, but the brief notes taken on several of the more interesting cases may be worthy of record.

Case I: Female, 54 years old; has had signs of pellagra two years; has improved lately, but still has dermatitis on shoulders and chest. The skin on the backs of hands and forearms is dry, thickened and pigmented. She still has diarrhoea, but no stomatitis.

Case II: Female, admitted one year ago; said to be in stage of remission, but the skin on hands, forearms and forehead is dry and discolored. She has slight diarrhoea and is demented. She has also a trilobed goitre.

Case III: Female; skin on hands and face now dry and thickened; has had diarrhoea. (Is the subject of photograph reproduced in frontispiece in this issue of the Journal).

Case IV: Female; age about 30 years; confined to bed; a case of "pellagra sine

pellagra". She does not show any eruption, but the mental symptoms are those of marked delirium of exhaustion. She has some diarrhoea. The diagnosis in these cases must be made from the especial type of mental symptoms, the diarrhoea, and the increased knee-jerks, as well as from the fact that she comes from a family of peasants whose food is largely maize and who live in a region known to be especially pellagrous. The prognosis as to life in such cases is very unfavorable.

Case V: Male, 60 years old; skin on backs of hands and feet dry and brown; has intestinal form of pellagra, which is not now well marked. Mentally, a case of melancholy with stupor.

Case VI: Male of 50 years; a typical case; erythematous eczema on backs of hands and feet; feet also swollen and scaly; tongue red, rough, cracked and slightly slimy; has diarrhoea, and is melancholy.

Case VII: Man, 30 years old; hands red; feet very black, encrusted and swollen. Skin over upper part of chest red and scaly; face erythematous; has stomatitis; all reflexes increased, especially knee-jerks.

Case VIII: Male, hands and feet show usual results of pellagrous inflammation, the feet in particular being swollen, black and scaly; all reflexes exaggerated; ankle clonus formerly present also (a rare symptom). Has some nystagmus now, but formerly it was marked. He has also had Romberg's symptom.

Case IX: Male; very hypochondriacal; has erythema of hands and feet; nails of hands and feet thickened and black; tongue red and rough; neck pigmented from previous inflammation. This is a case of the "crossed form" of pellagra, that is, the left hand and right foot are considerably involved with pellagrous inflammation, while the right hand and left foot are only slightly affected.

I saw a number of other cases at Mombello, either in the stage of remission or convalescing. All were adults over 30 years old. Mentally, all were depressed and melancholy.

The symptoms presented by these cases, seen in the asylum at Mombello, near Milan, as well as by those I saw in the

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pellagrosario at Mogliano, near Venice, were sufficient to confirm the opinion that the disease I have observed in South Carolina is identical with the disease described as pellagra by the physicians and medical writers of Italy.

At about the same time, that is early in July, 1908, Dr. J. J. Watson of Columbia, S. C., visited Italy and independently identified the disease he had studied at home with the disease called pellagra in Italy. He also received especial instruction and information regarding the examination of maize from Lombroso himself. Watson's studies of, and contribution to, the whole investigation are of great importance and value.

I may be pardoned for one more personal statement, namely, that at the time of the original diagnosis of pellagra in the State Hospital in Columbia, no one of the staff knew, or even had the slightest intimation that pellagra had ever been recognized in the United States. Before the report was published, available literature was carefully searched and references made to previous investigations, as was proper, but the tentative diagnosis was made without outside help up to the time that an oral report was made to the officers of the State Board of Health.

Diagnosis

The symptoms and pathology of pellagra seem to class it with the degenerative nervous diseases like syphilis and general paralysis of the insane. To one unfamiliar with the disease the diagnosis is not easy, especially when he is dealing with an isolated case in a region in which he is authoritatively told that pellagra does not exist. After familiarizing one's self with a number of cases, however, the diagnosis is not difficult, since no other disease presents the syn-

drome of dermatitis, diarrhoea and depression.

The eruption is usually symmetrical on the exposed surfaces of the body, especially on the backs of the hands, the extensor surfaces of the forearms, the face and forehead, neck, elbows, knees, and the backs of the feet if the patient goes barefooted. The skin lesions are asymmetrical when the exposure is not symmetrical. The tongue is denuded or bald.

Insomnia is a prominent symptom. The knee-joints are at first increased, then diminished, and finally abolished. They may react differently on the two sides. There is usually pain on pressure in the dorsal region. Digestive disturbances are an early, and an obstinate diarrhoea a late symptom.

In the later stages nervous and mental symptoms occur: headache, vertigo, ringing in the ears, paraesthesias and neuralgias. It is said that in the final stage of the established disease, while melancholia is the common type, yet frequently melancholia, nausea and "folie circulaire" are so intermingled as to constitute the clinical picture of pellagrous insanity.

Remembering that cases often become insane after the disappearance of the dermatitis, it is important that asylum physicians should be on the alert for cases of "pellagra sine pellagra." Students in the London School of Tropical Medicine are warned that they should be able to make the diagnosis of pellagra regardless of the presence or absence of the eczematous eruption. The resemblance between this condition and acute delirium should be kept constantly in mind.

These comments from Warnock are pertinent: "The dark, flaky rash of pellagra leaves the diseased skin paler than

that of the surrounding parts, with a darker areola along the line where the diseased meets the healthy skin. This paleness does not always persist, but gradually the skin assumes a brownish, shrivelled appearance and its texture becomes thinner, especially around the neck." The sites of the old rashes are those exposed surfaces of the body already described.

Treatment.

Prophylaxis: Theoretically, at least, much is to be expected in the line of prevention. If damaged corn causes pellagra, then under the Food and Drugs Act proper inspection should be maintained over shipped corn at least. Other efforts will be directed towards the proper cultivation, drying and housing of maize. But even with the example of the Italian laws before us, and the benefits said to accrue from them, it is hardly to be expected that our law-makers will pass any stringent laws until it is established how widely pellagra exists in this country, and whether or not damaged maize is the sole cause of the disease. In a year's time it is hardly to be expected that our ideas on the subject of pellagra should be fully matured. The surprise is that the belief in the existence of pellagra in our country should have been even tentatively accepted by so many physicians in so short a time. The whole problem is in its incipency, and many of its factors are sub judice.

Diet: As a rule, the patient should not be allowed any food derived from Indian corn. It is best to deny the products of maize known to be sound, in view of the possibility of introducing a new supply of the unknown poison. A generous dietary should be given, including fresh meats and vegetables.

Therapeutics: Quinine, cod liver oil

and other tonics are beneficial, but to Lombroso belongs the credit of introducing arsenic as a remedy for pellagra, and experience has proven this the most useful single remedy. It is usually given in the form of Fowler's solution, up to ten drops thrice daily, with, of course, the usual precautions. Some writers have expressed the opinion that ultimately a sero-therapy will be applicable to cases of pellagra.

When the commonly associated anchylostomum worms are found they should be removed by thymol, or the combination of eucalyptol, chloroform and castor oil.

In the spring of 1907, Babes, of Bucharest, began to employ atoxyl in the treatment of pellagra. He gave it subcutaneously in doses of gr. 1 1-2 to 3, in aqueous solution, every 4 to 7 days. In all 65 cases were treated, of which 35, or 53.8 per cent. were cured after a few weeks; 24, or 37 per cent, showed marked improvement; and 6, or 9.2 per cent. were not improved. Control cases treated at the same time without atoxyl showed practically no improvement.

A recent (1908) report from the Cairo, Egypt, asylum says in conclusion about atoxyl: "Without taking too favorable a view as to the duration of the success, we can already maintain that a means has been discovered in the treatment of this terrible malady, which can do more than all others tried heretofore, and which seems destined in combination with rational diet, to check the misery caused by this disease."

As to the use of atoxyl in the State Hospital at Columbia, our experience extends over six weeks only, and while still too limited for a definite or final opinion, we have arrived at these tentative conclusions:

1. The most striking effect is the

control of the severity of the diarrhoea. The stools are reduced from 15 or 20 a day to 3 or 4 in most instances; and in recent cases the diarrhoea appears to be cured.

2. In recent cases in the first stage the rash disappears after 3 or 4 injections of grains 1 to 2 given 4 to 7 days apart.

3. Unmixed cases of the second stage slowly improve, both as to the rash and diarrhoea.

4. Mixed cases and cases in the third stage do not improve either as to intestinal or skin symptoms.

5. We have noted no marked mental improvement indicating recovery in any of our cases. Their minds seem damaged, and while it is too early for final conclusions, their condition suggests dementia.

6. It is but fair to add that similar benefits have been observed heretofore following the use of Fowler's solution.

Prognosis.

In one word the prognosis of pellagra has been said to be unfavorable. If, however, it is recognized in the prodromal or first stage, and the patient be removed from the alleged cause and properly treated, recovery may follow. In the second stage the outlook is less favorable; while in the third stage it is absolutely hopeless. Such has been the unanimous verdict regarding this dread disease until within the last year when a new development of the old treatment by arsenic has been introduced. These are the organic preparations of arsenic, atoxyl, soamin, etc., which appear to hold out some encouragement, except in advanced or exhausted cases.

Finally, I trust I may be permitted to submit some of the conclusions I have arrived at, here and elsewhere, regarding

the condition we have met today to discuss. These are:

Conclusions

1. From accumulating evidence there seems to be no doubt of the existence of a pellagroid disease in North Carolina, South Carolina, Georgia, Alabama, and Tennessee.

2. While sporadic cases have been observed also in other states—Louisiana, Texas, Arkansas, Virginia and elsewhere—reported statistics are not yet sufficient for a final statement regarding its presence to any extent.

3. Although the malady presents many points of resemblance to the Italian and Egyptian forms of pellagra, yet striking differences are to be recognized.

4. Among these differences may be noted the overwhelming number of females attacked; the great and early mortality of the disease; the unusual invasion by the eczematous rash of unexposed parts of the body, notably the inner side of the thighs, the coccygeal region, the vulva and anus, as well as upon the usually described exposed sites of the disease.

5. Yet these differences need not impair the diagnosis of pellagra, since similar differences are noted in cases in adjoining provinces in Italy and elsewhere.

6. By exclusion we are driven to the diagnosis of "possibly true pellagra" (Lavinder) in several Southern communities.

7. The cause of the malady has not yet been determined, but the association of all our cases with corn cannot be denied.

8. Some observers are raising the question of its communicability which, therefore, also calls for investigation.

9. Treatment by atoxyl (and probably by its congener, soamin) holds out the

best hope from drugs, but the older Fowler's solution cannot yet be cast aside.

THE PATHOLOGY OF PELLAGRA.*

By H. H. GRIFFIN, M. D.,
State Hospital, Columbia, S. C.

It is generally conceded by the authorities on pellagra that our knowledge of the pathological findings is deficient and indefinite. The anatomic changes are neither constant nor characteristic. In a chronic disease such as pellagra, presenting such a variety of symptoms, and with the frequent presence of intercurrent affections and senile evolutionary changes we could scarcely expect to find a definite single morbid condition.

Pellagra being a general disorder of the system, general nutritional derangements with more or less wasting of the adipose and muscular tissues are encountered. We find chronic degenerative changes, particularly atrophy and fatty degeneration in the liver, kidneys, spleen, intestines and lungs, the tissues being generally anaemic. Usually there are found abnormal pigmentary deposits such as we encounter in senility, especially in the ganglionic cells, the muscles of the heart, the hepatic cells and in the spleen.

Having in mind the clinical syndrome of intestinal, nervous and skin symptoms, we will consider the more constant changes in the above named systems. These are:

1st. The changes in the intestinal tract, according to Tuzek.

Atrophy of the muscular coat with occasional hyperaemia, and ulceration of

the lower tract especially in rectum. Other observers assert that there is no ulceration.

2nd. Changes in the nervous system.

The most constant post mortem lesion is in the lateral columns of the spinal cord, and this condition seems peculiar to this disorder. It is in the dorsal region that we find these changes most pronounced, the condition being one of degeneration. We also note a degenerative condition in the posterior columns in the cervical and dorsal regions. Practically no changes are seen in the lumbar cord. In addition to the above Lombroso has found degenerative changes in the posterior roots of the spinal cord. He says that in the most typical cases the spinal cord lesions remind one of incipient tabes, except that few changes are found below the dorsal region, whereas in tabes the lumbar region is chiefly affected. Changes in the brain are generally negative. Occasionally there is fatty degeneration or calcification of the intima of small blood vessels, and pigmentations in the adventitial coats. Where the mental symptoms have been pronounced and of long standing an atrophy is found, as would be expected. In recent cases the degenerative cord lesions may be entirely absent or very slight.

3rd. The changes in the skin.

The eruption is of an erythematous type. Red spots first appear, which quickly become dark and desquamate; the surface beneath the scaly covering is red, thickened, rough and fissured. In some cases the epidermis is shriveled and scaly, the whole affected part having a blackish appearance.

The blood findings are such as we would observe in cases of marked anaemia. Slight lymphocytosis is observed.

*Read at the Conference on Pellagra, at Columbia, S. C., Oct. 29, 1908.

In conclusion, it is manifest that our knowledge of the pathology of pellagra is meagre, and it seems to me that it is important at this stage of our studies that we have authoritative records of the pathological findings in a number of cases well distributed geographically which harmonize with the recognized pathology of European and Egyptian cases. I will quote the history and pathology of a single case from Sandwith:

An Egyptian woman, aged 33, was admitted under my care December, 1898, complaining of diarrhoea, general debility and pain in the lower extremities. She was extremely emaciated and weighed only 67 pounds. The symptoms of pellagra were: slight roughness and atrophy of the skin on the dorsal aspect of the hands and feet, and also on the back; a very denuded tongue, diarrhoea, and motions passed in bed; dementia with persistent muttering, absent knee-jerks, some sleeplessness and tenderness on both sides of the spine near the 3rd, dorsal, and 1st, 2nd, and 3rd lumbar vertebrae. The diarrhoea was somewhat checked in hospital, though her mental condition required bromide and chloral. The temperature was practically normal throughout, but her weight fell persistently to 61 pounds, and she died Jan. 23, 1899, twenty-six days after admission. No ankylostoma eggs were found in the faeces, though she was extremely anaemic. The urine contained a distinct trace of albumen. At the post mortem examination there was slight atrophy of the aorta; the heart weighed 185 gms; the lungs were congested and oedematous, but otherwise normal; the liver weighed only 790 gms., the spleen 140 gms; the kidneys each weighed 70 gms. and were markedly cirrhotic; the brain weighed 1050 gms., and was very oedematous, while the membranes of the vertex were thickened and opaque.

The spinal cord, when examined in London, showed marked changes.

(1) Marchi's Method: The paleness of the posterior columns was very noticeable, but under the microscope no recently degenerative fibres could be seen. The cells

of the anterior horn were pigmented.

(2) Weigert-Pal Method: The lack of fibres in the posterior columns was very marked, both sacral and lumbar regions being affected equally. In the middorsal region a pair of normal roots entered the cord, and wedged itself in between the atrophied fibres of the median and external columns; this root could be traced up to the upper cervical region, where again the incoming roots contained more normal fibres. A small wedge-shaped tract was also visible, just outside the anterior horns in the cervical region.

(3) Aniline-blue-black method: The increase of the connective tissue in the posterior columns was very marked and distributed itself in exact correspondence with the condition of the roots above described, namely: a pair of roots which had undergone no degeneration in the dorsal region showed no increase of the connective tissue in the area it occupied in the cord. There was no increased vascularity of the cord, the cells of the anterior horn and the nucleus and nucleolus were distinct. The increase of the connective tissue was limited to the posterior columns except in the wedge-shaped tract above described in the cervical region, which appeared darker owing to the smallness of the film in this area.

(4) Van Gieson's Method: There was no evidence of any recent inflammatory action in the gray matter. There was some thickening of the walls of the blood vessels, especially in the posterior columns, though it was not limited to this region.

The posterior roots of the cervical, dorsal and lumbar regions were also examined in this case by the Marchi, Weigert-Pal, and Stroebe methods. Marchi's method showed very little recent degeneration, though it was obvious from the lack of staining that a very considerable amount of degeneration had taken place, and this was made evident by staining by the Weigert-Pal method. The greatest amount of destruction seemed to have taken place in the dorsal and lumbar regions, and to a lesser extent in the cervical region; the same condition was also shown by the Stroebe stain; only a few axis cylinders could be seen in each root. The patient died of pellagra and chronic kidney disease, but there was no possibility

of knowing for how many years she had suffered from pellagra.

The cord degeneration would appear to be of root origin and affects the extra-medullary, as well as the intra-medullary portion of the posterior roots. The degeneration in the cervical region of this cord was most marked in the columns of Goll, the columns of Burdach being affected to a lesser degree.

Since then I have had many other sections cut for me which have been examined by experts but unfortunately nothing of pathological interest was revealed. The absence of cord degeneration in these cases was due to the fact that the patient had either had pellagra for too short a time, say one year or less, or that though they had suffered from pellagra for three or more years the clinical signs of the disease were not very far advanced. In other words, spinal cord degeneration as discovered by the microscope is a comparatively late lesion in the disease.

CLINICAL OBSERVATIONS OF PELLAGRA.*

By H. E. McCONNELL, M. D.,
Chester, S. C.

Some four years ago or more in my work as a general practitioner, my attention was called to a peculiar condition or disease among some of my patients in a mill village near town. The first symptom I was usually called to prescribe for was a sore mouth and indigestion, and a severe diarrhea. This would usually be in the early spring, and as the weather would get warmer a peculiar red and rough erythematous eruption would appear on the backs of the hands. I looked upon the disease at this time as a severe form of stomatitis; and, at times when the tongue and gums would bleed, I thought of scurvy, especially as at that time of year fresh vegetables were

scarce, and the mill folks were eating large quantities of canned goods. But the clinical picture did not quite fit for a diagnosis of scurvy. Well do I remember getting down all my text books and trying to fit a diagnosis to the disease; but very little could I find in the text books. Finally, in my reading I came across an extract in the Medical News, quoted from a French medical journal, giving a description of pellagra. I realized at once that this was the disease with which my patients were afflicted. I had two patients die of the disease in 1904, both females over forty years of age. If the claim to priority in recognition of the disease in this state is of any significance, I am certain I diagnosed it as early as 1904, but unfortunately, did not report my cases, though I called the attention of my doctor friends to the disease. In the last three years I have had eight cases under observation, five females and three males. Of these eight, four are dead and four are still under observation. Of these four; one is apparently cured; one, now in this institution, (State Hospital) is very ill; the other two are men at work, one on a farm, and one as a clerk in the county dispensary, who says that he is well, and that he cured himself by drinking corn whiskey, and plenty of it. In the ten cases observed, seven were females, and all of these are dead except one. All of the men are still living; so it is evident that the men withstand the disease better than women; and that women are more prone to the disease than men.

As to the cardinal symptoms of the disease—salivation, skin eruption, and mental disturbances—I mention them in the order that they seem to occur to me. Instead of a tropho-neurotic disease. I would most certainly call it a gastro-

*Read at the Conference on Pellagra, at Columbia, S. C., October 29, 1908.

intestinal disease, as I am confident that the stomach and the small intestines are the parts of the body first involved; and that the skin eruption and the trophic and neurotic symptoms appear later, and are produced by the absorption of the toxins from the gastro-intestinal mucosa. If we accept the theory that the disease is contracted by eating spoiled or fermented corn products, we must also accept the theory that it is a toxine or fatty oil as suggested by Lombroso; and that it is unaffected by heat, as all corn products are cooked well before eating.

One of my patients, whom you will see today, took sick in the spring of 1907. I was called to her, and found her suffering with a sore mouth, fiery red and pointed tongue, denuded of epithelium, buccal mucosa also very red, marked salivation, and burning sensation in the stomach, and a diarrhea. I did not at this time recognize hers as a case of pellagra. I treated her at this time for stomatitis and diarrhea. During all this time she showed no special nervous symptoms, except she was weak and discouraged as to her condition. During this time she was nursing a baby. In the fall and winter she improved, and was able to do her house-work; and not until the spring of 1908, when I was called again to see her for her sore mouth, did I realize she had pellagra; then I found a red erythematous rash on the back of her hands, going up no higher at first than the cuff or edge of her sleeve.

This erythematous eruption on the hands is the most constant and diagnostic sign of pellagra. They all have it; or, at least all of my cases have had it. The eruption is similar in all cases, and only varies in intensity. It needs to be seen only once to be recognized; and if you ever shake hands with one of these patients, you never forget the sen-

sation; the skin of the hand is dead, harsh, and rough. The eruption appears first on the back of the hands, then on the forehead, sides of the neck, and in the later stages on the elbows and dorsal surfaces of the feet. The neurotic symptoms are among the last to appear, and continually grow worse as a rule until you see them as you see in this patient today. Usually the first thing they complain of is insomnia, pain in back and back of neck, general muscular weakness, staggering gait, and marked depression. These patients most always have a frown on their foreheads, are irritable and melancholic. The patellar reflex is exaggerated, no marked irregularity of pupils, eye sight gets bad—almost all of these patients have double vision; and towards the end they sink into a melancholic condition, and die from exhaustion after having clonic convulsions a day or so before death; although one of my patients was acutely maniacal a week before her death.

Though I have had six cases to die, as yet I have made no autopsies, neither have I made any microscopical examinations of blood or feces; though I have made chemical analysis of the urine, and found nothing abnormal. I am so confident that the poison first spends its energies upon the stomach and small intestines that I believe if we could make our diagnosis earlier, and give treatment directly to these organs, we could expect a larger percentage of cures. Therefore, I shall expect some of my colleagues, who are making a specialty of stomach analyses, to help us to make an earlier and more definite diagnosis, and suggest a specific cure if possible.

I have one patient to present as cured, the oldest of all of the ten cases, 67 years. He has had the disease for three years; and, during the summer of 1907,

was so weak that he was often confined to his bed for two or three weeks at a time. The treatment of his case was with hydrastis, 15 drops before meals, nitro-muriatic acid dil., 10 drops after meals, with plenty of milk, eggs, and vegetable broth, and by use of the leucodescent light treatment applied over the region of the stomach until the skin was reddened. This man has been perfectly well all summer, and has spent most of his time working his garden in the sunshine. As yet there has been no return of the sore mouth, eruption on hands, or diarrhea.

If the disease is due to eating bread, etc., made from musty meal, then we must see to it that our "johnny cakes and muffins" are made from good sound meal like the kind our fathers were raised on. Meal from good sound corn, that has stood in the field until frost, after the fodder has been pulled and was thoroughly dry when harvested; and also selected—the best corn in the crib being put in a bin for meal, and the rest fed to the stock. I believe the Western plan for harvesting corn that is fast being adopted in the South, of cutting and shocking the corn just when the fodder is ripe, and the grain still soft, may have something to do with the development of the fungus that produces the disease. For the center of one of these shocks of corn, with its heat and moisture, would be a splendid place for the development of any fungus growth. If we have to ship corn from the West, let us ship it in the ear, then we can more readily tell when it is sound.

Before closing my paper, I would like to ask for the sake of the pellagrous patient, that all such terms as "awful, dreadful, and leprous", as applied to the disease in the newspapers be left off, as many of these patients read the

papers, and it has a very depressing effect upon them. I wish also especially to thank Dr. Babcock for his untiring energy and zeal in bringing this conference together, and his kindness to me during the past summer in spending a day with me before his trip abroad, and verifying the diagnosis of the cases which I had to show him.

FOUR CASES OF PELLAGRA?*

By G. A. NEUFFER, M. D.,
Abbeville, S. C.

Within the past two years, I have treated four cases, presenting a complex group of symptoms and conditions entirely different from anything I had ever seen during an active practice extending over a period of twenty-four years. The first two of these cases I treated and death supervened, with myself and consulting physicians entirely at sea as to diagnosis. In December, 1907, I read Dr. J. W. Babcock's report to the State Board of Health on "Pellagra," and I at once realized that this was the disease that I had been contending with. My colleagues who had seen the cases readily agreed with me in this opinion. Cases Nos. 3 and 4, I diagnosed as pellagra. Case No. 4 was seen by Dr. C. F. Williams, of Columbia, S. C., the secretary of the State Board of Health, in consultation with Dr. C. C. Gambrell and myself. After a careful and detailed examination, Dr. Williams confirmed our diagnosis.

Case 1: Mrs. McC., age 22, married, no children. I treated her from Aug. 6, 1906, to Oct. 12, 1906. When first seen I diagnosed stomatitis, accompanied by a peculiar eruption on the back of the hands, which I did not undertake to name; treatment for

*Read at the Conference on Pellagra, at Columbia, S. C., Oct. 29, 1908.

stomatitis did no good. Her symptoms briefly stated were as follows: Fever ranging from 100 to 102 F., a redness and swelling of the skin over the backs of both hands and forearms, with intense itching; sore mouth, red slick tongue, gums swollen, free flow of saliva; no appetite; vagina and cervix uteri presenting same condition as mouth, discharge and itching intense; pain over epigastrium; rapid emaciation; obstinate diarrhoea; and for two weeks before her death, which occurred Oct. 12, 1906, she suffered with acute mania, requiring hypodermics of morphine and atropine to control her. This patient was seen by several of my brother physicians, but none of us made a diagnosis, nor had we the remotest idea of the correct one. I do not deem it necessary to give you in detail the treatment of this case, suffice it to say that she had every kind of treatment, both internal and external, that three physicians could think of, but all without the slightest benefit, and death ensued as stated above.

Case II: Mary Smith, negress, age 27, married, no children. I treated this case from April 13, 1907, to June 12, 1907. She presented identically the same conditions as Case No. 1, and had exactly the same train of symptoms. Dr. Gambrell, who saw her with me, as well as myself, was particularly struck with the marked similarity of the two cases. She received about the same treatment as Case No. 1, and grew steadily and rapidly worse. The family becoming dissatisfied, on June 12, 1907, I was dismissed, and Dr. J. C. Hill took charge of her. She lived some two or three weeks after this, and Dr. Hill did not make a diagnosis. Dr. Hill also told me that for sometime before her death she had acute mania.

Case III: Mrs. L., age 50, married, 6 children. About the first of April, 1908, she sent to me for some medicine for sore mouth. After sending back several times, always with the same message that the medicine had done her no good, I visited her on April 10, 1908. Found her weak, emaciated, and with tongue slick and red, buccal surfaces red and inflamed; intense nausea, pain over epigastrium, intractable diarrhea, temperature 100 to 101 deg. Fahrenheit; rectum, vulva, and vagina red,

inflamed and great itching. In this case there was no typical eruption on back of hands, but some discoloration. Treatment did no good and the patient died April 22, 1908.

Case IV: Mrs. C., age 40, married, 4 children. For several years patient has suffered with articular rheumatism. During the winter of 1907 she had an eruption on back of hands which she called "chapped hands". I saw her May 3, 1908. She complained of dysentery and sore mouth. I treated her several days without any improvement, when my attention was called to an eruption on the back of her hands, the eruption was the peculiar one that I had seen in my Cases Nos. 1 and 2, and I at once saw that I had pellagra to deal with. This patient presented the same train of symptoms as Cases 1 and 2. Peculiar eruption on hands, intractable diarrhoea, sore and inflamed tongue, mouth, vagina and rectum; temperature 100 to 102; pain over epigastrium; nausea. Dr. C. F. Williams, of Columbia, came up and saw the case with Dr. Gambrell and myself. He agreed in a diagnosis of pellagra, and advised symptomatic treatment, and gave as his opinion that the patient would not live 60 days. Her symptoms did not yield, and her condition was growing worse steadily. At one of my visits, one of her sisters said to me, "Dr. you gave Ma a mouth wash when she had sore mouth, and it did her all the good." After thinking awhile, I recalled the fact that I had used hydrogen dioxide as a mouth wash with her mother. Nothing I had done had benefitted my patient, and I was willing to try any suggestion, so I sent over some hydrogen dioxide and the patient began using it as a mouth wash. The sore mouth got better at once, and this suggested the internal use of it. I then gave 15 drops hydrogen dioxide in water, every three hours. She began to improve at once, and by June 1st all symptoms of pellagra had disappeared. This patient is still living, and under observation. I keep her on a tonic of iron, quinine and strychnine, cut out all products of Indian corn in her food, have her to eat generously of meat, and am giving soamin twice a week to prevent a return of the trouble. She is now doing her own house work.

**PERSONAL EXPERIENCE WITH
SOME CASES OF NERVOUS AND
MENTAL DISEASES SHOW-
ING THE PELLAGRA SYN-
DROME.***

By ISAAC M. TAYLOR, M. D.,
Broadoaks Sanatorium, Morganton, N. C.

In presenting to you today the notes of seven cases of pellagra which have come under my observation since 1905, I will have to confess that I had not made the diagnosis while they were under treatment, but since the attention of the profession has been drawn to the occurrence of pellagra in America, I have recalled the cases, and from memory and imperfect notes this report is made. Let me also call your attention to the class of persons represented by this series of cases, all of them well to do people. In none of them was the disease the result of privation or enforced use of damaged food stuffs. They represent the occurrence in about three hundred patients, all white of the nervous, insane and inebriate classes, and covering a period of about seven years. I can recall no cases in my private practice, which was limited to about four years in country practice among the very people who might be supposed to be the most exposed to the conditions which cause the disease.

I cannot assume to give information regarding the cause, symptoms or treatment of this disease, which would be anything but a compilation from books at your command, and can say that with a mind open to conviction, I await the American study of the disease and accept the conclusions of the physicians of southern Europe, that pellagra is a disease entity, and that its occurrence

among those who use maize as a food points to damaged corn as carrying the disease producing elements.

There is no longer any doubt in my mind that we have pellagra in the Southern states, this conclusion has been reached by the study of our cases by accurate diagnosticians, and if there was left room for doubt, it has been removed by the testimony of Drs. Babcock and Watson, who have seen in the hospitals for pellagra in southern Europe cases identical in appearance and symptoms with those under their care in Columbia. I cannot doubt that the cases which I present in this paper were cases of pellagra. One had previously been under the care of Dr. Babcock; another was under Dr. McCampbell, and independently we have reached the same conclusion. Looking back over the twenty-three years during which I have had the care of insane persons, I know I have seen many similar cases.

One case under treatment at the South Carolina Hospital for the Insane, and pointed out to me in September, was perfectly familiar as a type often seen in the wards for demented cases, and the dermatitis associated with diarrhoea and other symptoms have always heretofore been accounted for by us as a tropho-neurosis incident to the degeneration of the brain and central nervous system controlling nutrition. Omitting the dermatitis as an essential to the syndrome, or recognizing that the skin involvement, even in fatal cases, may be so insignificant as to escape observation, I am willing to accept "pellagra sine pellagra" as a prominent cause in the degenerating dementias, and as an equal factor with undemonstrated tuberculosis infection, in the causes of death due to exhaustion of dementia and chronic melancholia in our hospital records.

*Read at the Conference on Pellagra, at Columbia, S. C., October 29, 1908.

I must reserve the opinion that there is sometimes associated with acute disease with profound nervous and digestive symptoms an exfoliative dermatitis, which is not due to a specific infection. I have recently had such a case under my observation in a very nervous man under treatment for morphia habit. The diarrhea was so promptly checked and improvement in the dermatitis was so rapid, that I am convinced that the trouble was due to the nervous condition and faulty nutrition. With this introduction I ask your consideration of the following cases:

Case I: Female, age 45, married, two grown children, of highly nervous family, brunette and given to tempers, had used opiates and alcoholics since establishment of menses for dysmenorrhoea, and in that way had acquired the habits. Had just been through a course of treatment for rapid withdrawal of drugs and alcohol, and developing mental symptoms, was sent to my care. On admission was quiet and agreeable, in a few days began to show mental symptoms of highly hysterical character, developing a mild mania followed by depression. Was admitted in May and remained until October; when admitted had an old eruption on hands, arms and face and on back of neck. During all the time of her stay she ate very poorly, and while the eruption was prominent was practically without food; no note of a diarrhoea, but mouth and tongue were red and irritated. There was a gradual improvement under tonics, though was still in poor physical condition when discharged, immediately relapsed into drug habit at home and went to another institution for treatment, is still living. No account of a recurrence of the eruption and the general symptoms.

Case II: Male, age 31, single, business man, under care from July to October. Following business reverses had become very religious; very depressed; would go for days without food; on admission was very depressed and very much emaciated; was not confined to bed, but gradually lost flesh and strength; complained that the taking of food hurt him; pigmented areas on face and backs of hands and arms developed during August and continued afterward; tongue red and toward the end an uncontrollable diarrhoea; died.

Case III: Female, age 26, lady of highest culture; had been for six years under treatment by best surgeons and physicians for various uterine troubles, undergoing several operations, and in the year before coming to me for the second time under the care of

a prominent Philadelphia specialist, for developing mental trouble, following a prolonged neurasthenic condition. Had improved while under treatment at the North, but immediately relapsed at home, and was growing worse when admitted in July, having first been seen in May, was under care until October. Was in fair flesh when admitted; almost refused food; under compulsion would eat, but soon vomited food; very weak and unable to walk or stand; gradually lost ground; developed diffuse irritated areas on arms, neck and face, and pigmented and irritated spots on exposed parts of body; tongue very red, mouth irritated; diarrhoea came on, there was gradual loss of strength, and finally death.

Case IV: Male, age 24, stable man, admitted in July and under care for two weeks; in delirium tremens when admitted; was troubled with dermatitis of hands, face and arms; no note of diarrhoea or stomatitis; made quick recovery and was discharged. About a year afterward saw him in consultation; found him demented, with constant diarrhoea, a constant fever and delusions; he was admitted to the State Hospital where he died in a few weeks.

Case V: Male, age 20, married, farmer, had been drinking steadily for a year of the poorest quality of corn whiskey; for a month before admission in October had been insane; was maniacal; a large part of body, hands and arms was covered by an eczematous eruption; had a severe stomatitis; a constant diarrhoea; almost total refusal of food; steadily lost ground and died on the eighth day.

Case VI: Female, single, age 34, office worker, alcoholic, had been for a month drinking heavily; very nervous appetite, eating almost nothing; under care from November to March; on admission face was splashed with a discrete eruption, and backs of hands and arms showed an old dry pigmented eruptive area. With withdrawal of stimulants, tonic treatment and good food, eruption disappeared and skin became smooth; died some months after leaving my care in another hospital with delirium tremens.

Case VII: Female, married, age 53, was depressed when admitted in June; had been for some time in S. C. Hospital for Insane; had a diffuse dermatitis on hands, arms and body; appetite almost nothing; very much emaciated, and a constant diarrhoea and troublesome stomatitis. There was a gradual failure and the end came within a fortnight. I thought in this case there was a tuberculous infection of the bowel or peritoneum, and the eruption incident to the starvation process but in the light of present knowledge I think with Dr. Babcock that this was a case of pellagra.

In these cases the use of alcohol was a factor in four, two men and two wo-

men, all except one have died. In no case was the use of damaged corn traced, but I assume the liability all of our people from the universal use of corn products as food. I think those who live in town and indiscriminately buy meal from their grocers are more in danger than those in the country where care is ordinarily taken in the selection of grain for bread.

In conclusion I wish to express the opinion that pellagra has been with us a long time, we have been misled by the authors of the text books who have dismissed the subject with a few lines, but I am sure I have been seeing these cases for twenty years, and I can believe that under diagnosis of chronic diarrhea, intestinal indigestion, eczema and sunburn many cases have been seen and dismissed. I am inclined to think, though my experience with negro patients is very limited, that many so-called scrofulous negroes, are really pellagrous. We are beginning a great undertaking to eradicate this disease from our country. There are remedies medicinal and hygienic. The principal remedy seems to me in prevention, and the chief factor in prevention is the education of the people to rigid inspection of corn offered for sale for man or beast.

REPORT ON THE EXAMINATION OF THE EYES IN EIGHTEEN CASES OF PELLAGRA.*

By E. M. WHALEY, M. D.,
Columbia, S. C.

In making this report it will be remembered that the patients we are dealing with are insane, which would naturally make us expect to find the nervous element much in prominence. They

are usually well advanced in the disease, except a few in whom it has recently developed. As this is a preliminary report we would better leave our conclusions to some later date when we can add the results of the examinations of a larger number. All pellagra patients are unresponsive and no field examinations could be made. With few exceptions the examination had to be made while the patient was in bed.

The dilated pupil so much spoken of in reports on this disease is conspicuous by its absence, in the eighteen cases herein reported on, it having occurred in only one case. Two cases resisted the action of homatropin for two hours, where the others reacted in the usual twenty minutes. Hypersensitiveness to light with contracted pupils was the rule. It is possible that the dilating center for the pupils being lower down and subject to more sensitive stimuli is counteracted to such an extent in cerebrally irritative subjects where the higher centers are affected, that we have a contraction of the pupil in insane cases, which we do not have in those cases where the medulla and ciliospinal centers, with which the skin (sensory) reflexes are concerned, are involved—as in milder cases where the higher centers are not involved we have a dilated pupil.

In acute cases with overwhelming poison at the season when this poison seems to be most virulent we should expect to find a dilatation of the pupil due to a paresis of all the pupillary centers.

Shallow anterior chambers were found in sixty-four per cent. of the cases. Intra-ocular tension plus in only one case, and that only in one eye. In six cases the corneal sensibility was subnormal, two hypersensitive, and one could not be tested on account of perforating cor-

*Read at the Conference on Pellagra, at Columbia, S. C., October 29, 1908.

neal ulcer, and another having paresis.

Strabismus could not be detected when there was not other evident cause, and nystagmus, which is dependent on the muscular paresis, was absent.

Where the gastro-intestinal symptoms are very prominent and the inflammation extends to the mouth and post-nasal space, we find an obstruction of the lachrymal duct, due to contiguity of surface. This was noted in five cases, all of which had the mucous membranes very much affected by the disease.

The Argyle-Robertson pupil was present in one case. Sensory reflex could not be elicited except in one case, and that one only a suspected case.

The retinae, optic nerves, and internal eye structures fail to give any symptoms that we could put down as distinctive of pellagra. Some arteriosclerosis, optic nerve and retinal inflammation were present, but could not be said to be due to pellagra.

I hope to be able to keep up this investigation as we have access to more and more cases. Apart from these insane cases I have had the good fortune to have examined three cases in the last year who have since developed this disease, and all of these had photophobia of slight degree without the inflammatory changes that usually accompany this symptom. There was no record as to the pupils at the time, but I remember one to have been dilated and the other to have been contracted. The third one could not be seen on account of the whole cornea being covered with a superficial opacity, not due to previous inflammation, and which disappeared entirely under the use of dionin in three weeks without reaction. A point for consideration in all these results is the season in which the examination is made, as it is reported by our Italian

friends that, whatever the poison may be, it is more virulent at some times of the year than at others.

We are not trying in this paper to bring forward any new symptoms, but to encourage investigation and thought as to the early manifestations of this dreadful disease that may show itself in the eye early enough for us to institute intelligent treatment before our patient is beyond assistance.

A THEORY AS TO THE CAUSE OF THE RECENT APPEARANCE IN THIS COUNTRY OF PELLAGRA.*

By JOHN McCAMPBELL, M. D.,
Supt. State Hospital, Morganton, N. C.

I suppose that no one any longer seriously doubts the existence of pellagra in the South. Sufficient and indisputable evidence has been brought forward to establish this fact beyond a peradventure. It will be noticed further that practically all reports of cases have been made within the past eighteen months, indicating that it has made its appearance in recent years, since it is not at all likely that the medical profession would long overlook or fail to diagnose a disease so distinctive in character and so fatal in effect.

The question naturally arises: why this invasion? So far as I am able to determine practically all authorities on the subject attribute the disease to the use of damaged corn as an article of diet—that is, corn which has undergone some change, probably, putrefactive or fermentative, since sound corn never produces it.

Now it is well known that corn and its products have always figured largely

*Read at the Conference on Pellagra, at Columbia, S. C., October 29, 1908.

in the diet of the people of the South, perhaps more so in the past than at present, yet there was a comparative exemption from pellagra until recently. Granting that the disease is with us and probably of recent appearance, and that it is due to the ingestion of damaged corn, we, in our prophylactic efforts would naturally look to the quality of our corn and determine, if possible, why it contains this toxic substance.

It has occurred to me, and hence my theory, that our present manner of harvesting may have something to do with it. Under the present day methods of intensive farming, it is a very common practice to cut the corn, stalk and all, at the ground, often in a state of immaturity, in order that the ground may be planted with some other crop, usually wheat or rye, and this corn is packed wet and possibly green, in a shock, where conditions are favorable for fermenting and heating and possibly the development of the products which give rise, when eaten, to the disease. This method of harvesting is in contrast to that prevailing some years ago, when it was the custom to cut the top just above the ear, leaving the ear and remainder of the stalk to stand in the field until they were both fully matured and perfectly dry, before gathering. At this time, nothing was cut as before described, except a late crop, to escape the frost, and this was usually fed to horses and cattle, being considered unfit for bread, and it is suggestive that while pellagra was unknown, "blind staggers" in domestic animals was comparatively common. Further confirmation of this theory is found in the fact, that in Italy and especially in the Lombardy and Piedmont districts, the hot bed of pellagra, the manner of harvesting corn is somewhat similar to that now prevailing in this country, in-

asmuch as owing to climatic condition it is necessary to gather corn in a partially green state, or at least, in a condition necessitating further drying; and I understand the Italian Government has issued special instructions for this procedure, recognizing that it was in a faulty curing process that the poison developed.

The idea which I have attempted to set forth may be far-fetched and based upon inaccurate and insufficient observation, yet I believe it to be, at least, worthy of further consideration.

The Conference on Pellagra

Held at the State Hospital for the Insane,
on October 29th, under the Auspices
of the State Board of Health.

The Conference on Pellagra, which was inaugurated by the capable and tireless worker, Dr. J. W. Babcock, Superintendent of the State Hospital for the Insane, under the auspices of the State Board of Health, was held at the State Hospital in Columbia on October 29th, under the most flattering circumstances.

The program published on the day of the conference was carefully followed. Both Governor Ansel and Senator Tillman congratulated the physicians upon undertaking pioneer work for the South in studying the origin, distribution and cure of the new malady.

Etiology.

A large proportion of the papers were devoted to the causation of pellagra, the maize theory and the germ theory being each warmly defended.

Personal Observations.

The history of these different conceptions was reviewed at length, and while no final conclusion was reached, yet all hearers brought away a better idea of the real nature of the malady and its complex manifestations. The personal experiences with the disease as related by several doctors

again disclosed both the resemblances and differences to be found in the Italian and American varieties of pellagra. The papers, comprising the better portion of the program, were more technical, describing the symptoms, pathology, diagnosis and treatment.

Lavinder's Work.

The interest of the Government in the question of pellagra was indicated by the presence of Passed Assistant Surgeon C. H. Lavinder, of the public service. Dr. Lavinder has given special study to the form, of pellagra prevalent about Wilmington, N. C. He has embodied the results of these studies in a monograph recently published by his department. Dr. Lavinder concludes that what is possibly true pellagra has appeared in the Southern States more or less recently, and that this disease may be quite prevalent, but unrecognized. Considering the serious nature and epidemic character of pellagra, Dr. Lavinder's purpose in supplying his monograph is to emphasize the importance of knowledge concerning pellagra to the American physician and especially to the practitioner in the Southern States. The address of Dr. Lavinder will, when distributed serve to stimulate further interest in the malady, not only in our section but throughout the country. It is more than probable that, like the uncinariasis of hookworm disease, pellagra, too, will be found much more commonly, or generally, distributed than was at first supposed to be the case.

Expert Investigation.

Before the session of the conference, the board of regents of the State Hospital, at a specially called meeting, passed resolutions directing the attention of the board of health to the necessity of the whole pellagra problem being placed in the hands of expert pathologists and bacteriologists. General practitioners, as a rule, are not qualified for such investigations. Therefore, the regents desire to place the matter in the hands of some such scientific body as the United States public health and marine hospital service.

Committee on Publication and Organization.

It is expected that the board of health will act upon these suggestions. Two other steps were taken of interest to the public. One, the appointment of a com-

mittee to arrange the publication and distribution of the transactions of the conference; the other, a committee to decide whether or not it is advisable to form a society in the South Atlantic and Gulf States for the study of tropical diseases.

Good Attendance.

In all, about seventy physicians registered their attendance during the conference, and besides these some two hundred of the laity were present. The State Board of Health has, therefore, along with Dr. Babcock (to whom the great credit is justly due for the identification of the disease in this country) good reason to be encouraged in this special line of work they have undertaken.

Following is the programme:

Invocation—The Rev. S. M. Smith, D. D.
Welcome to Visitors—Gov. Ansel on Behalf of the State, and Dr. W. W. Ray on Behalf of the Board of Regents of the Asylum.

"Remarks Upon Pellagra as Seen in Italy"—Senator Tillman.

Opening Address—Passed Assistant Surgeon C. H. Lavinder, Public Health and Marine Hospital Service of the United States.

Clinic, Examination of Cases in the Hospital and Cases Presented—By Dr. Neuffer of Abbeville, Dr. Frontis of Ridge Springs and Others.

Papers.

(1) "Theories of Its Etiology"—N. M. Moore, M. D., Augusta.

(2) "Some Problems in the Study of Its Etiology"—Edward J. Wood, M. D., of Wilmington, N. C.

(3) "The Maize Theory of the Italians"—J. J. Watson, M. D., of Columbia.

(4) "The Roumanian Theory"—J. L. Thompson, M. D., State Hospital, Columbia.

(5) "The Trypanosome Theory"—J. H. Taylor, M. D., Columbia.

(6) "Personal Experience With Some Cases of Mental and Nervous Diseases Showing the Pellagra Syndrome"—I. M. Taylor, M. D., Superintendent Broadoaks Sanitarium, Morganton, N. C.

(7) "Observations on Pellagra in This Country With Special References to Pellagrous Insanity"—John M. McCampbell,

M. D., Superintendent State Hospital for Insane, Morganton, N. C.

(8) "Pellagra in Chester County"—H. E. McConnell, M. D., Chester, S. C.

(9) "The Supposed Relationship of Damaged Grain to Epizootic Cerebro-Spinal Meningitis of Horses"—M. Ray Powers, D. V. S., Clemson College.

(10) "The Pathology of Pellagra"—H. H. Griffin, M. D., State Hospital, Columbia.

(11) "Eye Symptoms of Pellagra"—E. M. Whaley, M. D., of Columbia.

(12) "The Diagnosis and Treatment of Pellagra and Pellagrous Insanity"—J. W. Babcock, M. D., Superintendent State Hospital, Columbia.

County Societies

ANDERSON.

Fifteen members were present at the October mid-monthly meeting of the Anderson County Medical Society. Papers were read by Drs. Townsend, Page, and Young, on "The Diagnosis of Position", "The Management of a Normal Labor Case", and "The Management of the Puerperium".

Lawyers and Doctors on Crime and Insanity.

At the conclusion of the discussion of these papers, the Chair stated that the program committee wished to propose a joint meeting with the local Bar Association for the study of insanity. "Insanity in the State and its Relation to Crime", by some member of the legal profession: "The Medical Classification or the Diagnosis of the Various Forms of Insanity", these and similar subjects to be discussed by physicians. The society endorsed the plan and instructed the Program Committee to make the arrangements for the meeting.

New Plan for County Practice.

At its meeting Dr. Young suggested that the society, as a society, make an effort to secure the practice of the county—this includes medical service to the inmates of the county farm, the county jail and chain gang—the work to be divided among the members who are conveniently situated, and the fees to be put in the general treasury and used in promoting the work of the society. The idea was discussed at some length, some being "for" and some "agin" it. A

motion was passed that the Chair appoint a committee of three to investigate the matter and report on the feasibility of the plan. Dr. Harris, as Chairman, and Drs. R. L. Sanders and Young were appointed.

Tuberculosis.

Tuberculosis was the subject for study at the meeting on the first Monday of November. Six or eight short papers had been promised but "owing to circumstances" several of the "promises" were absent. Dr. J. B. Townsend read a very interesting paper on the "Etiology of Tuberculosis". He stated that the tubercle bacillus was not the sole cause but that a susceptible individual or receptive soil were necessary for an infection. He dealt largely with the causes of the infection.

Dr. Duckworth read a paper on "Tuberculosis of the Genito-Urinary System" and Dr. Witherspoon on "Pathology of Tuberculosis". Dr. Henry read a paper on "Tubercular Meningitis" reporting a case in which the child lived from January until the middle of April, all the while in an apparently dying condition, and died the most veritable case of skin and bones that he had ever seen.

Dr. Nardin, delegate from this county, to the recent meeting in Columbia of the State Anti-Tuberculosis League, made his report stating that the state organization asked that similar county leagues be formed throughout the state to push the crusade against tuberculosis. The society endorsed the plan and expressed its willingness to aid in the formation and work of the league. The matter will be brought up again at the next meeting and the organization will probably be launched at an early date.

Diphtheria was chosen as the subject for the next meeting.—J. R. Young, M. D., Secretary.

DORCHESTER.

The Dorchester County Medical Association met at St. George on Monday morning, Nov. 2nd, at 10 o'clock, with the president, Dr. J. P. Mellard, in the chair and the following members present: Drs. A. R. Johnston, Carlisle Johnston, J. B. Johnston, P. M. Judy, J. P. Mellard, W. P. Shuler, Edmund W. Simons and Elias D. Tupper. Dr.

G. A. T. Johnston was in town, but efforts to round him up proved unsuccessful, he having business at the court house, "first Monday" being a great day in that temple of justice.

A letter was received from Dr. McCormack urging united efforts on the part of the medical organizations to effect the combining of all the health bureaus of the National government into one department and a committee was appointed to outline a course by which the influence of the county organization may be used to the best advantage.

There have been two or three cases of pellagra around this section and the secretary was instructed to invite Dr. Babcock to deliver a lecture, either before the association or the public on "pellagra", a subject on which he is so eminently qualified to speak. It is hoped he will find it convenient to be with us at our next meeting, which will be held in Summerville on Monday, Dec. 7th, at 8 o'clock, p. m.

Dr. S. P. Wells was appointed essayist and Dr. E. D. Tupper alternate for the coming meeting.—Edmund W. Simons, M. D., Secretary.

RICHLAND.

The regular meeting of the Medical Society of Columbia, S. C., was held November 9th, 1908, the President, Dr. Robert L. Moore, presiding. The following members were present: Drs. D. S. Black, A. E. Boozer, W. A. Boyd, G. H. Bunch, Mary R. Baker, Hubert Claytor, F. A. Coward, T. M. DuBose, R. W. Gibbes, Legrand Guerry, Jane B. Guignard, S. E. Harmon, Henry Horlbeck, A. B. Knowlton, C. L. Kibler, R. A. Lancaster, J. H. McIntosh, P. V. Mikell, R. L. Moore, C. J. Oliveros, J. H. Taylor, and William Weston.

Several distinguished visitors were present, among whom were Dr. S. C. Baker, of Sumter, S. C., President of the S. C. Medical Association; Dr. F. M. Dwight, of Wedgefield, S. C., Councillor for the Seventh District; Dr. W. W. Ray, of Congaree, S. C., one of the Regents of the State Hospital for the Insane; and Dr. F. R. Geiger, of New Brookland, S. C. The privileges of the floor were extended to the visitors, and they were urged to join in the discussions.

Clinical Cases and Reports.

Dr. LeGrand Guerry exhibited two cases of tuberculosis of the lung and pleura. From one he had removed the right lung, three fourths of the pleura and had resected many ribs. The left lung was normal. The boy had gained thirty pounds since the operation. In the second case, also, the right lung was the one involved; in this case he removed a part of the lung tissue and resected several ribs. Drs. Taylor and McIntosh discussed these cases.

Dr. George H. Bunch reported a case of double floating kidneys. The mobility of the kidneys was not great but the symptoms were severe. One kidney was anchored without much relief of the symptoms, but after the second kidney was fastened in place the symptoms disappeared. This case was discussed by Drs. Guerry, Knowlton, S. C. Baker, Harmon and Bunch.

Dr. A. B. Knowlton reported a case of a patient sinking into a state of collapse several days after the operation for appendicitis; there was no discoverable reason for the condition; nearly every form of stimulation was resorted to, finally three pints of warm normal saline solution was injected into the peritoneal cavity and in a few moments the patient moved and spoke, though just before she was apparently in extremis. The patient recovered. This case was freely discussed by Drs. Bunch, S. C. Baker, Harmon, Guerry, Gibbes and Knowlton.

Dr. F. A. Coward spoke of Young's method of drainage after prostatectomy. He thought that unless free, continuous drainage was obtained and maintained the patient died. Discussed by Drs. Guerry, Knowlton and Coward.

Taylor on Pellagra.

Dr. Julius H. Taylor read a most interesting paper on the Trypanosome Theory of Pellagra. The paper was discussed by Drs. Coward, Knowlton, Oliveros and Taylor. It was moved and carried that Dr. Taylor be requested to tend his paper to the Journal for publication. (See elsewhere this issue.—Ed.)

Dr. S. C. Baker spoke of the plans for the next meeting of the State Association and urged the members to prepare papers to be read then.

Dr. F. M. Dwight addressed the society

and spoke of the duties of a Councillor.

Dr. F. M. Durham was unanimously elected a member.

After Alleged Illegal Practitioner.

The Secretary read the following letter:

Columbia, S. C., 15th Oct., 1908.

Dr. Mary R. Baker, Secretary,
Medical Society of Cola.,
Columbia, S. C.

Dear Doctor:

I have your communication of the 13th October, advising me that Harvey VanBuren, M. D. was practicing in this city without a license from the State Board of Medical Examiners.

The proper procedure in this case is for some one acquainted with the facts to go before Magistrate James H. Fowles and swear out a warrant against VanBuren. I suggest that one of your Society do this.

In case I can be of further service in the matter I shall be glad to have you call on me.

Yours respectfully,
(Signed) Christie Benet,
Solicitor 5th Judicial Circuit.

The subject of illegal practitioners and the best way to prosecute them was discussed by Drs. Bunch, S. C. Baker and Coward. Dr. Baker said that the Board of Councillors controlled a fund which could be drawn upon for the purpose of prosecuting these illegal practitioners. Upon motion a committee of one was appointed to consult a lawyer with reference to this case.

Bi-Valvular Business.

After adjourning the members with their guests went to a nearby restaurant where an oyster supper was served.

Upon the whole this was one of the best meetings the society has held this year.—Mary R. Baker, M. D., Secretary.

Personal

Dr. J. W. Babcock, of Columbia, addressed the Newberry Medical Society on Pellagra on November 13. He will address the Dorchester and the Charleston societies in the next few weeks.

Dr. R. L. Cockfield, a recent graduate of the medical department of the University of the South, has located in Johnsonville to practice.

Dr. H. T. Dacus has returned to Green.

ville, and resumed his practice. He has been spending some time in the mountains of Western North Carolina.

Dr. Jas. H. McIntosh, of Columbia, was elected president of the Association of Surgeons of the Atlantic Coast Line at the annual meeting in Jacksonville in October.

Dr. Fillmore Moore and family have returned to Aiken from the North.

Dr. T. Grange Simons has been elected physician to the Charleston Orphan House, to succeed the late Dr. LaRoche Wilson.

Dr. William Weston, of Columbia, was elected president of the Association of Seaboard Air Line Surgeons, at their annual meeting in Columbia in October.

Obituary

THOS. BOYD MEACHAM, M. D.

Dr. Thomas Boyd Meacham died in Fort Mill, Oct. 25th, at his late residence, after an illness of two weeks. He had, however, been in declining health for more than a year.

Dr. Meacham was born in Jackson, Tenn., January 3, 1836. His father died when he was quite young. He applied himself to the study of medicine and was graduated from the South Carolina Medical College about the year 1860. He had hardly begun his practice when the civil war came on and his country had need of men to fight its battles. He was among the first to volunteer, going out as first lieutenant of a Rock Hill company known as the "White Guards". Later this company was disbanded, and underwent reorganization when Dr. Meacham was made captain. He was slender of form and youthful in appearance and was known by his comrades as "the boy captain."

After the war he returned to York County to practice. Later he moved to Charlotte, then to Pineville, Gaffney, and in 1891 to Fort Mill where he remained to his death.

J. LaROCHE WILSON, M. D.

Dr. J. LaRoche Wilson, a prominent physician of Charleston and a gentleman who has been for several years closely identi-

fied with the municipal government, died Oct. 27th, at the home of his father near Meggett's, S. C. The remains were brought back to Charleston.

Dr. Wilson was born on Edisto Island about thirty-five years ago, and was a member of a large and prominent family of that famous section of the State. He went to Charleston when a mere lad to attend the Porter Military Academy, and after a distinguished career at that institution, from which he graduated with honors, he accepted a position as an instructor there. Later on he decided to study medicine, and at the Medical College he graduated most creditably in both the pharmacy and medicine courses, taking his M. D. degree in 1900. For many years Dr. Wilson practiced his profession and with his brother, Dr. Ripon Wilson, conducted a drug store in Charleston, and won the confidence and respect of every one for his attention to his duties and the interest that he displayed in his patients. His friends were numbered by the score.

As a public servant Dr. Wilson was, in the first administration of Mayor Rhett, the successful candidate for Alderman at large Ward 12, and for nearly three years he did most valuable work in the City Council. On the death of the late Dr. William H. Huger, the physician to the Orphan House, Dr. Wilson was elected to the vacant position and resigned from City Council, and did splendid service there until the terrible disease which caused his death, the white plague tightened its coils and he was forced to retire from active practice. A place on the board of trustees of the High School was also held by him during his office of Councilman.

JACOB C. ARANT, M. D.

Dr. Jacob C. Arant died at his home, about five miles from Elloree, on Nov. 8th, after an illness of several weeks. Dr. Arant was about 76 year old and is survived by two brothers, two sisters and three children his wife having died some years ago. The Gal 25—MED JOUR cmfwmm deceased was a highly respected citizen, and was much beloved as a physician. Some years ago he gave up the practice of medicine, and devoted all his time to his farm.

He has been actively engaged in this work for a number of years, and was very successful.

Correspondence

AN ANTI-TUBERCULOSIS SUGGESTION.

Charleston, S. C., Nov. 8, 1908.

To the Editor: I wish that you would suggest that every member of the anti-tuberculosis committee which met in Columbia, Fair Week, become a member of the National Association for the Study and Prevention of Tuberculosis. The transactions of the Association and the books that they send to each member are well worth the annual subscription and will prove of inestimable value to men starting Anti-Tuberculosis Associations. A simple request for membership to Livingston Farand, Secretary, 105 East 22nd Street, New York, will be all that is necessary.—John L. Dawson, M. D., Chairman Committee of the South Carolina Medical Association for the Study and Prevention of Tuberculosis.

News and Miscellany

BABCOCK TO LECTURE.

It is probable that Dr. J. W. Babcock, the superintendent of the State Hospital for the Insane, will be elected a member of the faculty of the Medical College of South Carolina, but the announcement cannot be made yet, as the faculty have not yet taken action. Dr. Babcock's name, however, is before the faculty and there is every likelihood that he will be elected. The addition of this eminent physician will be of much benefit to the College, and will be the means of the students hearing a series of lectures from him during each term.

A lecture on insanity will be delivered by Dr. Babcock before the senior and junior classes of the College during the present term. He is thoroughly familiar with the subject, having for years directed the affairs of the State institution, where many unfortunates are cared for, and in his position

Dr. Babcock has had abundant opportunity to study every phase of the subject.

Dr. Babcock has also been secured to lecture before the Medical Society on pellagra, of which disease he has made a special study lately, and his lecture will prove very interesting to the members of the Society.—
News and Courier.

SOUTHERN MEDICAL ASSOCIATION.

The Southern Medical Association, which was in session in Atlanta for three days held its final session Nov. 12th. The following officers were elected:

President, Dr. G. C. Savage, of Nashville, Tenn.; vice presidents, Dr. J. N. Jackson, of Florida; Dr. W. M. Murray, of Mississippi; Dr. Geo. Dock, of Louisiana; Dr. T. A. Casey, of Alabama, and Dr. J. C. Olmstead, of Georgia; secretary, Dr. Oscar Dowling, of Shreveport, La.

New Orleans was chosen as the next meeting place.

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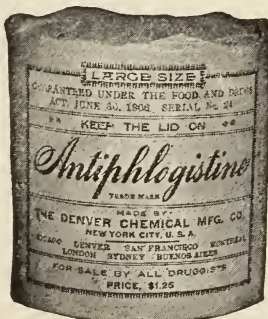
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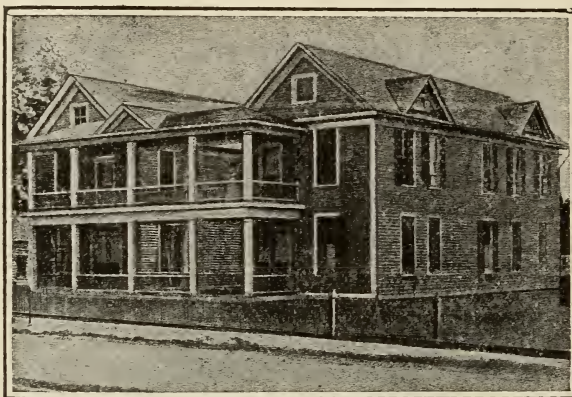
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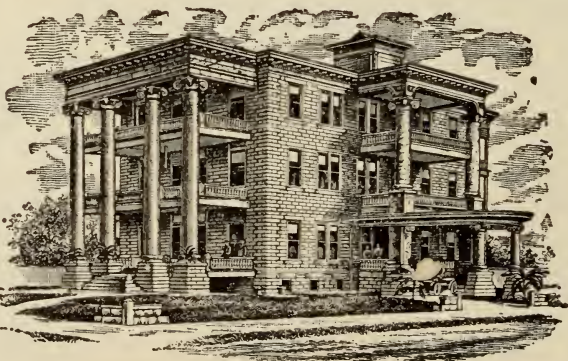
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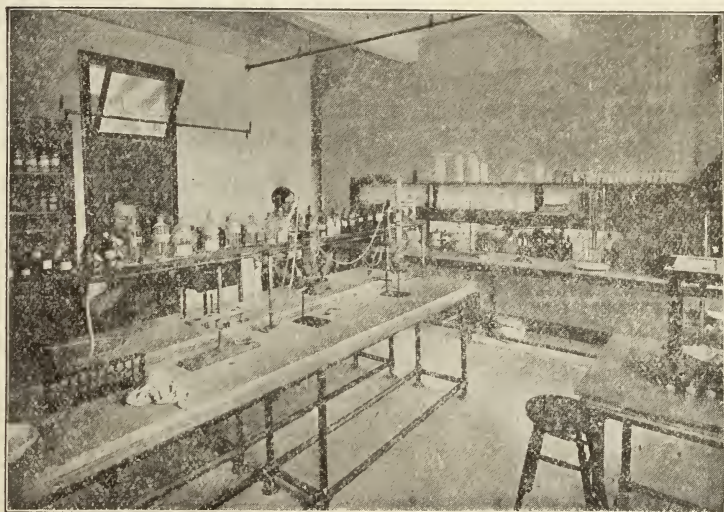
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TABLE OF COUNTY SOCIETIES AND OFFICERS.

Where information is wrong or lacking in the columns below County Secretaries are urged to supply it correctly to the editor without delay.

County Society	President.	Secretary	Time of Meeting.
Abbeville	J. W. Wideman....	C. C. Gambrell, Abbeville..	Semi-Mo., 1st and 3rd Mon Monthly, 1st Monday.
Anderson ...	W. H. Nardin, Jr....	J. R. Young, Anderson....	
Aiken	A. Holsonback	Harry H. Wyman, Aiken...	
Bamberg	J. J. Cleckley, Bamberg...	Semi-Mo., 1st and 15th.
Barnwell	A. B. Patterson	L. F. Bonner, Blackville..	
Beaufort	H. M. Stuart	M. B. Cope, Port Royal...	
Charleston ...	John L. Dawson	A. J. Jervy, Charleston..	Monthly, 1st Monday. Quarterly.
Cherokee .....	.....	B. L. Anken, Gaffney ...
Chester... ..	W. DeK. Wyl'e....	W. B. Cox, Chester	
Clarendon	A. S. Todd	C. B. Geiger, Manning ...	Monthly.
Chesterfield...	T. E. Lucas	J. W. McCanless, Chesterfield	
Colleton	J. T. Taylor.....	T. G. Kershaw, Walterboro	
Darlington ...	J. F. Watson	J. C. Lawson, Darlington..	Monthly, 1st Monday
Dorchester ...	J. B. Mellard	E. W. Simons, Summerville	
Edgefield .....	.....	J. G. Edwards, Edgefield..
Fairfield	R. B. Hanahan	Samuel Lindsay, Winnsboro	Monthly, 1st Friday. Monthly, 1st Monday. Monthly, 1st.
Florence	A. G. Eaddy	W. E. Mills, Timmons ville	
Georgetown ...	Olin Sawyer	W. M. Gaillard, Georgetown	
Greenville' ...	J. W. Jervy	W. M. Burnett, Greenville.	Monthly, 2nd Monday.
Greenwood....	W. P. Barrett	J. B. Hughey, Greenwood..	
Hampton....	J. L. Folk	C. A. Rush, Hampton ...	
Horry.....	H. H. Burroughs....	J. A. Norton, Conway	Bi-Monthly, last Monday. Monthly, 1st Tuesday. Quarterly.
Kershaw.....	W. J. Dunn.....	A. W. Burnett, Camden...	
Laurens	W. H. Dial	J. H. Teague, Laurens ...	
Lee.....	B. L. Harris	L. H. Jennings, Bishopville	Monthly, 3rd Tuesday. Monthly, 2nd Wednesday. Every 2nd Monday night.
Lexington....	J. W. Geiger	J. J. Wingard, Lexington..	
Marion	B. M. Badger	T. W. Carmichael, Fork..	
Marlboro.	J. H. Reese	J. C. Moore, McColl	Monthly, last Friday. Monthly, 1st Thursday.
Newberry.....	P. G. Ellisor	W. E. Pelham, Jr. Newberry	
Oconee	B. F. Sloan	H. E. Rosser, Westminster.	
Orangeburg...	W. L. Pou	L. C. Shecutt, Orangeburg..	Monthly, 3rd Tuesday. Monthly, 2nd Wednesday. Every 2nd Monday night.
Pickens	D. B. Galliland	H. E. Russell, Easley	
Richland.....	R. L. Moore	Mary R. Baker, Columbia.	
Saluda.....	D. B. Frontis	J. D. Waters, Coleman...	Monthly, last Friday. Monthly, 1st Thursday.
Spartanburg...	J. L. Jeffries	W. G. Sexton, Spartanburg.	
Sumter.....	H. M. Stuckey	F. K. Holman, Sumter ...	
Union.....	S. G. Sarratt	T. Maddox, Union	Monthly. Bi-Monthly.
Williamsburg..	W. S. Lynch	J. B. DuRant, Lake City..	
York.....	J. H. Saye	E. W. Pressley, Clover....	

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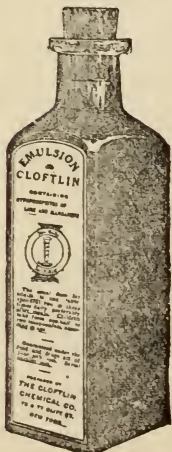
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The Journal OF THE South Carolina Medical Association

Volume IV. Greenville, S. C., December, 1908 Number 12

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By

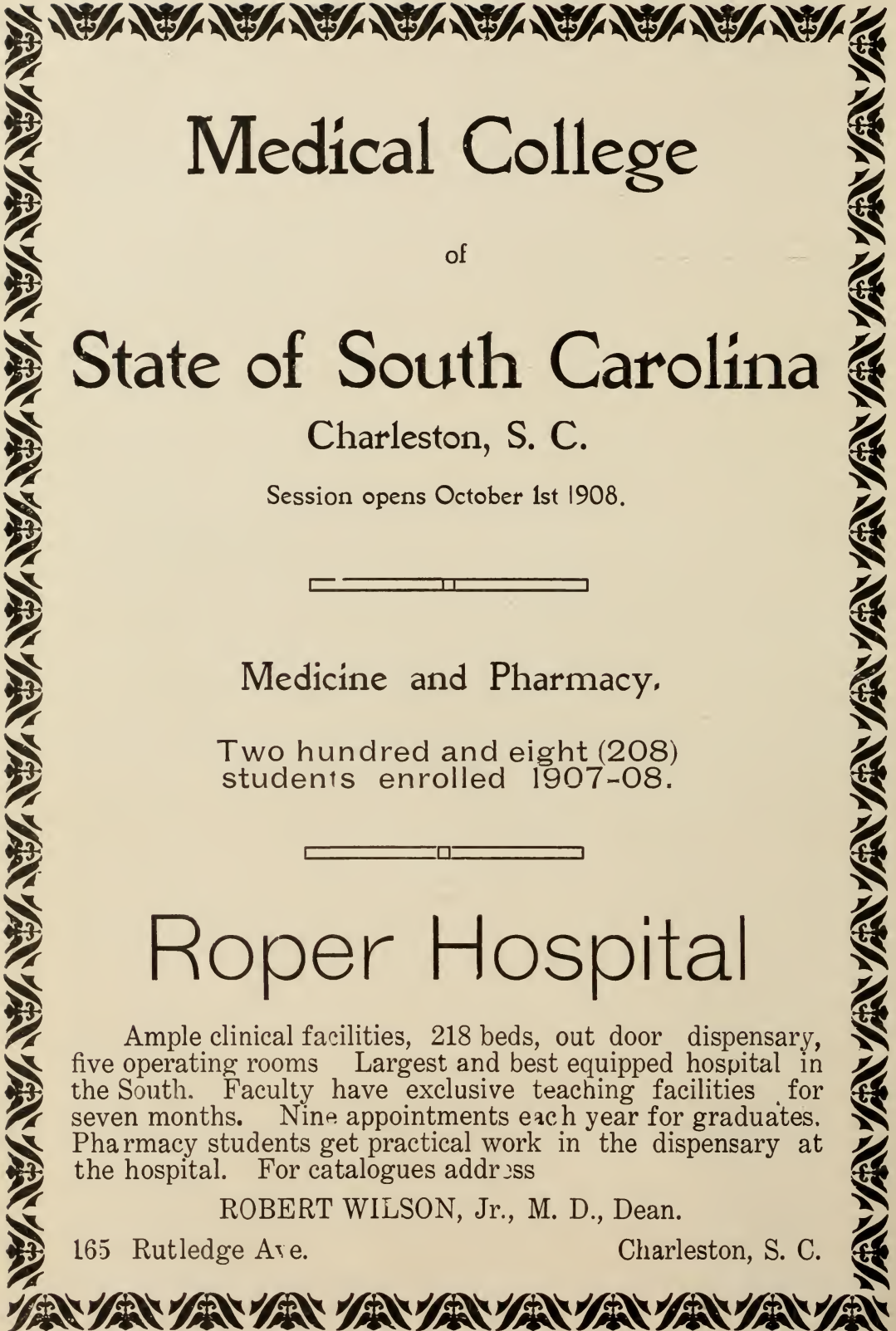
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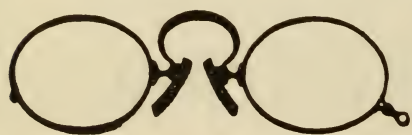
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Office of Publication, Bank of Commerce Building, Greenville, S. C.

Entered as second-class matter June 30, 1906, at the post office at Greenville, S.C., under the act of Congress of March 5, 1879.

VOL. IV.

J. W. JERVEY, M. D., EDITOR

No. 12

DECEMBER, 1908

ANNUAL SUBSCRIPTION, \$2.00

The **Journal** is published monthly under the auspices of the South Carolina Medical Association. Original Articles are solicited. Members who do not receive their copies will please notify the Business Manager. Correspondents and Secretaries of County Societies are urgently requested to send reports of their meetings, and items of news that may be of interest to the profession, to the Editor. All articles should be typewritten. Illustrations sent with articles will be printed. For prices of reprints see advertising pages.

All matters must be in the hands of the Editor by the 5th of each month.

Proofs of all Original Articles appearing in the **Journal** are revised and corrected by their authors. The **Journal** is in no sense responsible for expressions in Original Articles.

Business communications relating to subscriptions and advertising should be addressed to
Journal S. C. Med. Assn., Greenville, S. C.

Editorial

THE JOURNAL, VOLUME IV.

With this issue the fourth volume of this **Journal** is brought to close. The **Journal** is nearly four years old (one volume—the third—had only seven issues) and is a very lusty youngster for its age. Much has been accomplished towards solidifying the organization of the profession since the **Journal** has been published. It is one of the pleasing characteristics of human nature that contact and association between human beings is apt to stimulate regard or affection through the observation of heretofore perhaps unknown good qualities; while the naturally human instinct of kindness minimizes what is evil in one's associates. This philosophy is just as applicable to professional men as to any other class, and there is no one medium in the profession which, more than the **Journal**, brings our members to know each other and each other's work, and to entertain a constant appreciation of each one's merits. We believe then, that the **Journal** has proven itself an indispensable factor in the

success of our re-organized profession; and we say this in all modesty, for the success of the **Journal** is due primarily, not to the office of publication, but to the splendid and appreciative support which, with two or three conspicuous exceptions out of the whole membership of the Association, has been freely given by the profession of South Carolina.

With this issue, for the first time, appears a complete index for the volume of the current year. A brief inspection of this index will give a general idea of the work done by the **Journal** and of the subjects touched upon by it in the course of a year. It will show, also, in a very practical way, under the heading of "County Societies," just which county secretaries have been awake and alive enough to send reports of their society meetings to the **Journal** from time to time, and the omissions in these lines will indicate those secretaries of county societies whose deaths have been rumored, but who whether dead or not, are comatose and moribund.

There is one more point in connection with publishing the Journal which we wish to insist upon, and that is the business support which our members should render us. It is a very easy and simple matter to patronize those advertisers who think enough of your Journal to patronize it. If our advertisers offer you products at least as good as houses who do not advertise with us, it is the decent duty of the owners of this Journal to do business with the former. It is not a difficult thing to do, and if you will think for a moment you will realize that it is the only decent thing to do.

But further than this, our members must realize that the bigger and better our advertising patronage becomes, the more income we shall have for enlarging and improving the Journal, and this will react, of course, to the benefit of advertisers as well as to the profession. This is the kind of business balance upon which all legitimate enterprises are conducted, and it is up to our members to do their part in such a desired increase of journalistic value. To do this they should impress on every detail man calling upon them with samples of all kinds, the advisability and advantages of advertising in the Journal, and all other things being equal, they should properly and rightly and decently refuse pointblank to do business with houses that do not think enough of the professional patronage of this state to woo it through the advertising columns of their professional official publication. This is easy to do, and any member of the Association who does it, will be doing his part to promote professional prosperity and advancement. Will you try it? Think it over.

ANTI-TUBERCULOSIS WORK.

The meeting in Columbia on October 29th of the Committee of the South Carolina Medical Association for the Study and Prevention of Tuberculosis, an account of which appears elsewhere in this issue, was a bright omen of progress which tells of great good to come to our people from the militant interest of progressive physicians in the great tuberculosis problem. The meeting was well attended and enthusiastic, and it could be seen very clearly that the impetus given to the subject all over the world by the recent and wonderful Anti-Tuberculosis Congress, in Washington, has taken firm hold of the minds and purposes of many strong men among the profession in South Carolina. It was plain to all present at the meeting that the gentlemen there were assembled with the immediate intention to accomplish things, and unless our observation has led us far astray, results of vast importance to our people will follow.

Dr. John L. Dawson, of Charleston, whose gifted professional attainments are familiar to the profession of the State and to hundreds of his former pupils in the practice of medicine, occupied his place as chairman of the committee and offered to the meeting a series of suggestions for the practical advancement of the work at hand, and after a frank and free discussion of the situation the members of the committee, one from each county in the state, expressed their immediate intention to organize active work in their respective counties.

When we consider the appalling fact that from two thousand to twenty-five hundred victims of tuberculosis die in the state of South Carolina every year, it can hardly fail to be admitted, even by the most self-satisfied of politicians

and laymen, that no work of greater economic importance to the state could be done than the saving to the fields, the work-shops, and the industries and professions of the state, these thousands who are now, in a large measure, the victims of the apathy of their fellow-men.

The economic importance of a human life has been variously estimated on the average at from two thousand to five thousand dollars. Were the state to appropriate \$100,000 per annum for the care of tuberculosis cases and the prevention of the spread of the plague, it is safe to assert that the death rate would quickly be reduced at least one-half, and with time, even a great deal more than this. With this result—and this would be the result—the state would be saving over one thousand lives per annum, worth from two to five thousand dollars each in the social economy of the state, at a cost of less than one hundred dollars per life.

Are there any so dull as not to see the immense returns upon such an investment? The profession must educate the people and the lawmakers to see the truth. The lay press is a power which we believe will cheerfully come to our aid in the dissemination of this truth. We must ask and keep on asking their co-operation, and we must teach the people to demand from the legislature the protection to which they are entitled.

FOURTH DISTRICT MEDICAL ASSOCIATION.

The Fourth District Medical Association, which is composed of the county societies of Anderson, Oconee, Pickens, Greenville, Spartanburg and Union, will hold its annual meeting at Seneca, on January 25th, 1909, at 10 A. M. There are several reasons why this meeting is

expected to prove more successful than any yet held. The train schedules to Seneca, which is on the main line of the Southern, at the junctional point with the Blue Ridge Railroad, are most favorable to a convenient session. The officers of the Association have planned a sort of symposium which will be more or less informal, for the discussion of medical and surgical conditions abroad as compared with our American conditions. Several members of the Association have recently returned from Europe, and one is just back from a long stay in South America. In addition to this informal attraction there will be given by a laryngologist a demonstration, on a living subject, of the modern method of direct laryngoscopy and the direct inspection, by means of electrically lighted tubes, of the windpipe, bronchial tubes, gullet and stomach, showing the value of this method for diagnosis, treatment and the removal of foreign bodies. Several interesting papers will be read and an entire day will be given to the meeting.

There are a number of doctors in these six counties who will perhaps be unable to attend the State Association meeting, owing to the time and expense involved in going from this section to the seacoast, and to such, the officers of the Fourth District Association feel safe in promising this meeting as a very worthy substitute. The Secretary, Dr. E. A. Hines, of Seneca, is now preparing the program for the meeting, and all who wish to read papers are requested to communicate with him at once. It is expected that a large and enthusiastic meeting will be held, and doctors from neighboring counties and, indeed, from the whole state, are invited to be present.

Merry Xmas and a Happy New Year.

NOMINATED FOR THE SENATE.

Some men have greatness thrust upon them—in futuro. Here is a suggestion that would sprout goose-flesh upon the hide of a pachyderm. Far be it from us to question why this nomination has been made. We had never thought before that we had so ardent an admirer, and perhaps even now it will turn out to be a dream. But here is an abstract from a letter just received by us:

“Sanitation is becoming so important in political affairs that statesmen are riding it into public power. Why should you not ride into the Senate with your medical backing? Surely no politician would be so well equipped for the race as you would be through the medium of the Journal, and once in the Senate, you could move for a cabinet position. There must be a department of health with a cabinet representative before long. Think it over.”

Such is the germ that kindly, or unkindly, has been implanted in our bosom. We feel our heart swell with pride in contemplation of the honor of this nomination, and we feel it shrink with fear and horror at the unworthiness of the nominee. With this politico-emotional diastole and systole, this bounding tachycardia of statesmanly emotions, in alternation with the tremorous bradycardia inevitably accompanying the recognition of the wholly unfit, we find ourselves speechless; and for a time, at least, begging indulgence, we gape.

The Ohio State Medical Journal (Dec. 1908) is another distinguished friend and colleague who endorses our efforts to have the members of the State Association support the houses that advertise in the Journal.

Original Articles

THE MEDICAL AND SURGICAL ASPECTS OF PROSTATIC OBSTRUCTION.*

By A. B. KNOWLTON, M. D.
Columb'a, S. C.

Only about one person in every seven who has enlarged prostate presents symptoms of sufficient gravity to demand the assistance of the medical profession. Among those who do not present themselves for treatment, the majority are relievably by medical and other palliative means. There remains however a percentage, which although not definitely estimated, can only be relieved by recourse to operation. It is evident, therefore, that while most of these cases belong rightly to the medical man, the subject is one which we must divide between us. Let us therefore discuss it not from the standpoint of the practicing physician, nor from that of the surgeon, but from the standpoint of common sense and human need.

The nightmare of maturer age in woman is uterine cancer; the nightmare of riper years in man is hypertrophied prostate. As in uterine cancer, so in enlarged prostate, there is a peculiar pathos in its occurrence—when most of life's battles are about won; when the cares and responsibilities of fatherhood and active business life are about over with, and when one is about to settle down to the last quarter-stretch of one's years in comfort and quietude, there may steal upon him, like a thief in the night, a prostatic obstruction which will convert his latter days into a veritable ante-mortem hell.

*Read by invitation before the Orangeburg County Medical Society.

If there is any one observation which the experience of us all has emphasized, it is that any sphincteric disturbance is accompanied by profound nervous unrest and exhaustive mental strain. Certainly, so far as man is concerned the words of Reginald Harrison are pre-eminently true, that man's welfare and usefulness are indissolubly associated with the correct working of his bladder sphincter. Every student or brain worker will tell us that his brain and bladder must be connected by wires, because the more he works his brain, the more his bladder works him. Few of us have not heard of intense fear in children being accompanied by immediate urination. Many of us have dreamed in boyhood of making water from the edge of some steep precipice, or over some mountain top, when in reality we were deluging the sheets. Is it wonder then that such sphincteric disturbance as that associated with enlarged prostate should be productive of such intense mental as well as physical exhaustion?

Symptoms: The insidiousness of the approach of uterine cancer finds a worthy parallel in that of enlarged prostate. The condition may actually exist for years without being suspected, until acute retention occurs from some sudden access of obstruction, and the catheter reveals the accumulated overflow. Or, the symptoms may be more classical, and commence with frequency of urination. This symptom may run a long course through many, many years and is the most distressing among the entire ensemble. It is due to two very justifying factors; first, the residual urine which is constantly increasing through incomplete urination, and second, to the amount of localized cystitis about the neck of the bladder. The patient urinates frequently, day and night, but it

is a mistake and contrary to reason and fact to say that the act is more frequent at night, for then, as a matter of fact, the repose of the brain and the increased activity of the sweat glands conduce to lessened urinary secretion. Besides, in recumbency, the water exercises markedly less pressure against the sphincter than it does in the erect posture.

"There is great difficulty in starting the stream"—this is almost pathognomonic of enlarged prostate, and also for two very evident reasons; first, the increased obstruction to the flow due to the diminished expulsive power of the weakened bladder wall, consequently the urine is not propelled from the meatus, but dribbles, or drops, almost perpendicularly. "Intermittent" urination is a rare symptom and occurs only in those cases in which the middle lobe (of the gland) is enlarged and acts like a ball-valve against the urethral opening. The same symptom is sometimes noticed upon slowly withdrawing a catheter from an ordinary bladder when tightly filled with water, and when the eyelet is about to enter the urethra. The same thing may be noticed too wherever the water pressure in a supply pipe is very great and when the cock is being slowly closed. I have had the good fortune to have observed this rare symptom in two cases.

Retention is usually acute, following some form of dissipation or exposure to cold, or it may be chronic. In many instances this is the first symptom which attracts the patient's attention, and upon being relieved it may never occur in the acute form again. The chronic form however, may last indefinitely. There is so much obstruction and so little expulsive force that the bladder never empties itself completely. All straining efforts and all attempts to lift anything

are accompanied by dribbling, which is simply the overflow after the bladder is distended to its maximum extent. The same leakage occurs whenever the patient falls asleep and the mental vigil is relaxed. This state of affairs, if long continued, results in such discomfort from wetting the clothing and urinous odor, and such apparent untidiness from staining of the trousers, that it becomes necessary to wear a portable urinal.

Incontinence is rare and occurs in those cases in which there is localized cystitis and when there is not much constriction of the urethra. The diagnosis between incontinence, and retention with overflow, is most important, though they are the most commonly undifferentiated symptoms. The passage of the catheter will settle the question positively. In incontinence there may be pain and a slight show of blood due to cystitis and a very little urine, while in retention with overflow there will be a large quantity of ammoniacal urine and perhaps considerable difficulty in pushing the catheter past the prostate.

General cystitis is not a symptom of enlarged prostate, but is grafted upon it by catheter-life or some other means of infection or traumatism, and should be regarded rather in the light of a complication. When it does occur there is intense, constant, burning desire to urinate. Pus, mucus and blood may one or all be passed, and the relief obtained will be most fleeting. Suprapubic pain may be marked and the patient may become almost wild from the boring agony in the neck of the bladder.

Hematuria may occur as a result of the rupture of varicose veins of the bladder or urethra during efforts at straining, or it may be due to bladder ulcer, or to calculus. In one of my cases hemorrhage was the most prominent fea-

ture and always followed straining at urination.

Symptoms of renal failure may of course arise at any stage of prostatic enlargement, but they are decidedly more common after retention and overflow becomes chronic and catheter use becomes constant. This is to be regarded as the most serious result of enlarged prostate, and also as a direct sequel to catheter life. The patient notices that he passes a decidedly larger quantity of urine in the twenty-four hours and that he is continuously thirsty. Should complete retention from obstruction occur in such a case the result would be immediately fatal. Pyelitis due to infection from catheter use would be ushered in by chills and sweats.

Physical Examination: The points in the physical examination are few but emphatic. The most important is inspection of the hypogastrium, where, if there be retention and overflow, there will appear the usual well marked pyri-form tumor. The hasty introduction of a catheter (a time-honored custom) will relieve the bladder, but the sudden relief of abdominal tension also may result in a fatal syncope or induce such a state of nephritic engorgement that the patient may die a few days later. The first step therefore should be to ask the patient to urinate, opportunity will then be afforded to observe the nature of the act; the size and force of the stream may be noted, the ease or difficulty with which the patient urinates, or any interruption in the stream which might denote a pedunculated middle lobe or a calculus. In addition, it will be well to note how the act is concluded, whether normally with much force of the bladder muscle or whether the flow gradually ceases and comes to a dribble. It will then be in order to resort to the catheter, which

should always be done with the patient in the recumbent posture and only half of the urine withdrawn at the first attempt. While the catheter (preferably a mental instrument) is in situ, it will be well to examine the prostate with the finger in the rectum. It is astonishing how clearly and positively the prostate may be outlined when examined in this manner. Instruct the patient to hold his breath and bear down, and the prostate will be found to come easily within finger reach. If however there should be no suprapubic tumor it will be proper to catheterize and ascertain the amount of residual urine at once. There is a percentage of cases in which no catheter can be passed. In such, the patient may be anesthetized and two or three filiform bougies passed and tied into the urethra. This will allow the urine to drain away slowly and insensibly, but completely. There have been four or five instances in which I could pass no instrument without anesthesia, and with anesthesia could pass nothing but a well curved silver catheter. Why a desensitized urethra will refuse to take a filiform bougie, and instead take a No. 20 silver catheter, I am at a loss to explain, unless it is on account of the exaggerated anterior position of the internal urethral orifice as a result of long continued retention. It is a fact none the less. When the urethra is absolutely impermeable suprapubic cystotomy or aspiration must, of course, be resorted to. Personally, I have never seen either done for retention, having always been fortunate enough to give relief per urethram. It should be borne in mind that patience is most a virtue when it accomplishes most, and here it will reward any man abundantly.

There is one form of prostatic obstruction to which I desire to call your

especial attention. I refer to the type in which the two lateral lobes are apparently normal in size, and in which the middle lobe is the sole offending member. In these cases the middle lobe is enlarged and pedunculated and projects into the floor of the bladder and acts like a ball valve in most effectively closing the internal orifice of the urethra. I have seen two such cases, and I must admit they puzzled me not a little. Their entire symptomatology is exactly like that of any other prostatic obstruction, but the immediate physical examination gives totally different findings. Per rectum the finger finds, apparently, an entirely normal prostate; a No. 21 to 28 sized sound is passed with facility and comfort; a large rubber or metal catheter meets with no interference and brings large quantities of ammoniacal urine. There is evidently no obstruction to ingress, but only to egress. By means of the cystoscope the problem was solved, for upon attempting to withdraw the instrument the ball-valve middle lobe could plainly be seen to come down against the internal urethral orifice and completely occlude the opening. In both cases the suprapubic operation was done and recovery resulted.

Treatment: Prostatics should be absolutely regular in their conduct of life and temperate in all indulgences. Sudden changes of temperature and moisture as induced by weather conditions are unfavorable in the extreme, and constitute a potent means in the precipitation of acute retention. Clothing should be of sufficient warmth to avoid chilling at all times. Wet feet, save for purposes of cleanliness should never be tolerated. Many a man has learned through painful experience that the neglect of wet feet meant the neglect of his bladder. Almost every-

thing which is not habitual with a prostatic should be studiously avoided—excesses in diet, intemperance in drink, imprudence in overwork, whether mental or physical, lack of sufficient sleep, excesses in venery and every other form of over or under-indulgence reflects itself in the welfare of the prostate. Cold baths should be prohibited, while warm baths or a hot sitz bath just before retiring is most contributory to a night's comfort, and by keeping the skin in good working condition, lessens the strain upon the kidneys and bladder. It is surprising what a burden may be shifted from these organs to the skin under a properly directed persistency. The close juxtaposition of the rectum and prostate demands that the bowels be kept regular and normal; straining at stool enhances pelvic congestion and prostatic irritation. The urine should never be retained longer than what would be normal to a normal man, if retained over the usual time, increased difficulty and perhaps impossibility in its expulsion will be encountered. Occupation should be such that neither long-continued moderate exertion nor spasmodic excessive exertion would be required, nor should it interfere with the meal hour, nor be productive of mental strain. On account of the frequent association of prostatic obstruction and kidney disease, an excessive nitrogenous diet should be proscribed. If liquids are avoided for three hours prior to bedtime, there will be less disturbance of sleep, to urinate. If alcohol must be taken, a good whiskey is perhaps the least irritating to the bladder; all sweet wines and other sugared drinks increase the burden upon the bladder and the liability to fermentation.

Strychnine is the most useful single drug in this affection, it increases the

contractibility of the bladder muscle and is a most excellent nervous and muscular tonic throughout the system. Ergot is perhaps the best drug for relief of the vesical, prostatic and rectal congestion after an acute attack of retention. Boric acid and benzoic acid will be found useful for alkaline urines. For excessively acid urine, advise a change of diet, reduce the amount of sugar in the urine and increase the amount of alkaline waters. Salol is a safe and reliable urinary antiseptic and may be used for weeks at a time. Urotropin and cystogen will be found most useful in relieving the sphincteric irritability and will save the patient much unnecessary suffering therefrom.

The catheter finds its largest and most blessed field of usefulness here. Every case should be given a thorough trial with it. A limited number seem to recover completely within a few weeks under its aid. These are the cases in which there is a very mild hypertrophy (not sufficient to produce obstruction) and which have grafted upon them a temporary congestion of the prostate which soon disappears when the overflow is relieved. Once an organic prostatic obstruction is established the catheter is powerless to do more than palliate the condition, but suffering humanity has a right to this palliation and the catheter should be most thoroughly applied. The flexible soft red rubber velvet eyed instrument of suitable size is the one best adapted. The patient should possess one of Gemrig's aseptic pocket catheter cases in which the instrument can be boiled and retained for emergency or regular use. It should never be passed without having been boiled and lubricated with one of the many aseptic lubricants. The more careful the patient in these precautions, the

more satisfactory and comfortable catheter life will be; and, conversely, the more careless the patient, the sooner will infection invade the genito-urinary tract and pyelitis or Bright's take him off. In the very early stages the catheter will be necessary only at bedtime to remove all residual urine and to give a comfortable night. With the progress of the obstruction the frequency of its use should be increased.

There comes a time in a given number of prostates when medical and palliative treatment fail to subserve the best interests of the patient. When this is true, in justice to one's self and fair dealing to the patient, two things are to be expected; first, a competent and logical recognition of the fact, and second, an honest admission of it—at least, to one's own self. To deny a man the indisputable benefits of surgery after a thorough test of all other means of treatment has failed, is a crime only equalled by a precipitate operation without first permitting the beneficent aid of the family physician. Between the justifiable treatment of the physician on the one hand, and the imperative work of the surgeon on the other, there is a pronounced line of demarkation. The recognition of this line in order that we may know when medical measures have failed and when surgery is a necessity, is one of the responsibilities which lie before us. It has been ascertained that when fourteen (14) ounces of residual urine occur in twenty-four hours, it will require six (6) catheterizations per diem (or catheterization every four hours) to maintain comfort and prevent over dilation of the bladder. It has also been demonstrated that when the catheter must be resorted to more frequently than every four hours the patient "in the

long run" will "lose out", regardless of the care and asepticity of the catheterizations. Where a chronic cystitis is grafted upon an obstructive prostate, the conservative treatment is removal of the prostate. When a pyelitis is established, either acute or chronic, removal of the offending obstruction is imperative. In all small caliber organic urethral strictures, and in all large or small spasmodic strictures which interfere with catheterization, the indication is surgical. In all conditions of poverty where daily bread means daily work, and vice versa, the patient's best interests are for early removal of the obstructing prostate. Penury, hard labor, obstructive prostate, life, and health are incompatibles. Vesical and renal calculi associated with obstructive prostate imperatively demand radical relief. As in the use of the steel sound, so in the administration of the catheter, there will be found a limited number of patients in whom the repeated passage of the instrument works such havoc in the production of shock or urethral fever that it must be discontinued altogether: these cases must all receive the radical cure, for there is no alternative.

When these conditions appear, the elective hour for removal of the prostate has arrived. The mortality of the operation, whether by the perineal or suprapubic route, if performed as soon as medical measures have demonstrated their inability to conserve the patient's interests, will give a mortality of only two per cent. (less than that of measles). When, however, palliative measures are persisted in long after their inefficiency is an established fact, the mortality must be expected to increase in direct proportion to such unjustifiable persistency. The duration of the operation in various hands is from six to thirty minutes. The

most recent operation which I performed for this condition was done by the suprapubic route and was executed in exactly ten minutes. The saving of time in these operations is a valuable factor, but should never be done at the expense of thorough work. It has been said that every surgical operation should have as its justification a demonstrable pathological entity. Where in all this world will we find a fuller consummation of this surgical pre-requisite than in prostatic obstruction? The medical profession must join with the rest of the world in appreciating the fact that the greater the obstruction to any stream, the greater the accumulation of water above such impediment. The first demonstration of latent energy ever witnessed by the world was dependent upon this fact. The most stupendous mechanical projects of the present day bear testimony to this truth. Every boy has demonstrated the principle in nearby streams, and surely every doctor is so familiar with its *modus operandi* that he could not but smile were one to attempt an illustration, and yet, through the impediment offered by the obstructive prostate the unrelieved male bladder remains constantly overdistended, there are frequent, imperfect and incomplete attempts at urination, the nervous tone of the bladder is sacrificed, its muscular walls are dilated to inactivity, urine is retained until it is actually decomposed in the living subject, infection invades the bladder, ureters and kidneys; hell is foretasted through most strenuous suffering, and death comes on apace.

Freckles are said to be readily removed by a lotion of equal parts of lactic acid and glycerine.—Exchange.

PUERPERAL ECLAMPSIA WITH REPORT OF CASES.*

By H. L. SHAW, M. D.
Fountain Inn, S. C.

In writing this paper there has been no attempt made to cover the entire field of this important subject. My object is simply to give the Association the benefit of my personal experience with this dread condition.

Eclampsia is a symptom rather than a disease, characterized by one or more conclusive seizures, before, during, or after labor. It has always been a matter of speculation as to the cause producing eclampsia. Several theories have been advanced, viz: Pressure of the gravid uterus on the renal vessels, uraemia, etc., but the theory most commonly accepted now is that the condition is due to a toxemia. Just what the toxic agent is, we know not, but we know that this toxic agent accumulates in the system on account of deficient elimination.

To use the language of another. "When we have a pregnant woman badly swollen, and the kidneys strike, look out for trouble." The same could be said of the liver and skin, both important factors in elimination. There are often premonitory symptoms such as deficient kidney action, headaches, dimness of vision, restlessness, and edema.

The symptoms of an eclamptic seizure are unmistakable. The vacant stare, contracted pupil, twitching eyelids, mouth drawn to one side, contractions of the muscles of the face, upper extremities, and often times the lower, are indelibly impressed upon the mind.

Case I: Soon after leaving college I was called in consultation with Dr. J. to see

*Read at the Annual Meeting of the S. C. Med. Assn., at Anderson, April 15-17, 1908.

this case. White, primipara; she had had repeated convulsions before my arrival; was in profound coma. Found attending physician had given morphine hypodermically in large doses, was administering chloroform. I knew nothing to suggest, for I was taught that 1 gr. or morphine hypodermically injected was all that was needed, so we sat by, and despite the morphine and chloroform the patient had one seizure after another until death closed the scene, before the child was delivered.

Case II: White, primipara. Upon arrival found labor well advanced, pains good. Without a moment's warning, patient had a convulsion. I immediately administered chloroform followed by hypodermic injection of morphine. Had a woman present to continue the administration of chloroform. I applied forceps and delivered the child. This was all done in a very short space of time. Patient had but the one convulsion, though she remained in profound stupor for some time, after which she was given calomel and bromide every 4 hours for 24 hours; also an initial dose of calomel; followed by large doses of salts for several days until oedema disappeared. Mother and child both lived.

Case III: White, primipara. After patient had been in labor for about 12 hours she had convulsions. Sent for Dr. K. in consultation. In the mean time, gave morphine, and administered chloroform; convulsions were repeated several times—so was the morphine. After arrival of Dr. K., who advised immediate delivery, I delivered patient with instruments of a dead child. Patient was left in profound coma, and when seen about 12 hours later was still unconscious, but at the end of about 24 hours regained consciousness; was given calomel, followed by salts in large doses for several days until oedema disappeared.

Case IV: White, primipara. Upon arrival found patient in convulsion; was told she had been having them for an hour or more; was in profound coma; administered morphine and veratrum by hypodermic injection; used chloroform; sent for Dr. K. in consultation, who advised delivery as in the former case, which I did with forceps. Child lived, mother remained unconscious for about 12 hours, after regaining conscious-

ness was given calomel and salts as mentioned before.

Case V: White, primipara. Saw this case in consultation with Dr. S. Patient had been in labor about 48 hours. As I entered the room she had her first and only convulsion. Was given morphine, gr. 1-2 by hypodermic injection. The attending physician administered chloroform, and I delivered the woman of a dead child, with instruments. Did not see the case again, and cannot say what the after treatment was.

Case VI: White, primipara. Saw this case in consultation with Dr. R., who told me patient had had several convulsions. He had given chloroform and injected morphine, but convulsions continued. I suggested veratrum and morphine by injection, which was done. Patient had more seizures, but remained in profound coma for 12 hours or more. Os was dilated with steel branched dilators and child delivered 12 to 15 hours after last convulsion. After woman regained consciousness, bowels were thoroughly opened as in preceding cases.

Case VII: Colored, primipara. Upon arrival found the child had preceded me about 1 hour; was taken away by a mid-wife. Placenta was expelled. There being nothing for me to do, was in the act of leaving, when patient had eclamptic fit. Administered chloroform; gave morphine, gr. 1-2, veratrum gtt. xvi. Remained about one hour, left patient in deep sleep. Returned 12 hours later to find her condition good. Gave calomel and salts as before mentioned.

This, gentlemen, is the extent of my experience with puerperal eclampsia.

To summarize: Every case seen by me occurred in the primipara, though I am aware that it does occur in the multipara.

Is it possible for a woman to undergo a certain immunity after bearing one or more children, this causing her to be less susceptible to the toxic agent, or agents, which produce eclampsia?

Of the seven cases reported, but one died, the case of the patient who was not delivered. Do we not learn a valuable lesson here? viz: deliver your pa-

tient if possible.

All of the cases seen were white, save one. Is the Caucasian more susceptible than the negro to the toxemia producing eclampsia? All of the cases seen were edematous; some very much so.

It is the writer's opinion that if a pregnant woman would seek medical advice when she notices the slightest edema, that by careful attention to the kidneys, liver and skin, many, if not most, of the cases of puerperal eclampsia could be prevented.

In no case where veratrum and morphine were administered by hypodermic injection did the eclamptic seizure repeat itself, though in case VI delivery was not effected for about 12 hours after last convulsion. Is not the combination of those two drugs worthy of consideration?

Discussion.

Dr. Adams Hayne said he never understood the rationale of administration of veratrum viride; we should bleed, not use morphine which might have cumulative action. He used enteroclysis in a case he had. Out of 15 cases he had 4 deaths. Cases almost always occur in a primipara.

Dr. Salley said he believed morphine was an antidote to veratrum. Should not be used together. Veratrum had always served his purpose.

Dr. Swygert said he used 20 to 30 drops of veratrum, pushing it to the extreme. When he used too much veratrum he used morphine as an antidote.

Dr. Tripp said he believed in veratrum, but gave 10 gts. every hour, until he brought the pulse to 60. He had also used apomorphine.

Dr. Timmerman had not had such good results as the others. Gave calomel before labor.

Dr. Wyman said eclampsia was found in malarial subjects, notably. Veratrum acts by diminishing the blood pressure, thereby not allowing the absorption of the toxins.

Dr. Hastings Wyman believed in smaller doses of veratrum, keeping the pulse at 60.

He had found ————— stopped the convulsions.

Dr. Dial agreed with the expressed treatment.

Dr. Jones also expressed approval.

Dr. Barron had in 14 years eleven cases; also used veratrum and eliminative treatment afterwards. Don't use forceps too early.

Dr. Walker did not have success with veratrum.

Dr. Burdell said veratrum and morphine were antagonistic. He believed, however, in quick delivery with the forceps. Has been unfortunate with his cases. Urea is to be tested.

Dr. Hamilton agreed.

Dr. Carroll, and Dr. Black also expressed their opinions.

HAVE THE RECENTLY REPORTED DEATHS FROM DIPHTHERIA ANTITOXIN BEEN SATISFACTORILY EXPLAINED?*

By L. C. STEPHENS, M. D.
Greenville, S. C.

About fifteen years ago, chiefly through the biologic researches of Behring and other German scientists, an antitoxin to that dreadful disease—diphtheria—was discovered and proclaimed to the medical world. At first, like most innovations, it was very cautiously accepted, but when the beneficial results were conspicuously demonstrated in the reduction of mortality, from forty-seven per cent. in the great cities of Europe and this country, to seven per cent., it was too convincing not to be almost universally granted to be a great boon to the profession and to mankind. Then another great thing in its favor and which gave it popularity was the growing faith in its safety. Not until 1902 was there any occurrence to shake the

*Read at the Annual Meeting of the S. C. Med. Assn. at Anderson, S. C., April 17-19, 1908.

confidence of the profession in its safety when used with aseptic precaution, when several sudden deaths after the injection created no little stir in St. Louis, which aroused the nervousness of the public to such a degree, that a call for investigation was made, with the result that the deaths were said to be due to the presence of "tetanus toxin in the antitoxin—the horse yielding the serum was in the incubation stage of tetanus"; hence the importance of arriving at facts speedily, so as to prevent a repetition of the sad consequences, and the creating a prejudice against the serum therapy, which, by a consequent curtailment, would prove a great calamity.

Very recently there came to us through the press, both medical and lay, from four several states, Pennsylvania, West Virginia, New York and our own state, in quick succession, in the month of December, one death from each, from antitoxin injection. If these cases had come from one place, as in St. Louis, no doubt a greater interest, and possibly an investigating committee, would have been instituted before this; for the outbreak in St. Louis was a small one, but a great stir was the result. It is true that the Surgeon General in this instance was requested to have an examination made of the serum, which he reported was done in the Hygienic Laboratory of the Public Health and Marine Hospital Service, by Drs. Anderson and Rosenau, who pronounced the antitoxin of three cases, the samples used, were "free from bacterial contamination".

The South Carolina case was not in the fault of the serum, as was proven by the fact as reported, that the half of one tube containing 2000 units was injected causing death, when the other half of

the same tube produced no unusual effects. Of course several attempts have been made to explain the causes of death by different writers, but the misfortune is that these various explanations apply to individual cases discussed and not to all. It is true, the cases were very similar as far as reported, in the fact that the respiratory center seemed to succumb before the heart's action ceased.

It may be interesting to note some of these opinions: One writer attributes an excess of carbon dioxide, which acts directly upon the central respiratory nerves, creating an irritation of the same, and the injection, by depressing this center causes death. Another, criticising this theory, however, claims that this cyanotic condition—this lack of oxygen—calls for larger and repeated administration of the antitoxin. Another says that the symptoms suggested embolism, either in the central nervous area, or a large pulmonary obstruction. Hypersusceptibility, was suggested by another writer, reviewing the case of Dr. Wiley, when his patient had the history of being affected with asthma when brought in contact with a sweating horse, or from the dust emanating from a horse. Another expressed a possibility, though remote, of a hypersusceptibility through the digestive tract—such as eating certain berries or nuts. So it is seen there is no settled opinion on the subject, but mostly conjecture and speculation. There are three facts which appear significant in the study of these unfortunate cases, viz:

1. That unlike the St. Louis cases, the serum was not at fault.

2. That in every case, except one (and a history of that one could not be verified) there existed a neurosis of some kind.

3. That three of the injections fol-

lowed by deaths were for immunizing purposes. The fourth was a hurried diagnosis and injection the same day, where no culture was taken.

That sufficient interest might be elicited by this imperfect paper, as to cause such thoughtful and earnest consideration of this subject as will be helpful in forming a correct conclusion, is the sole purpose of its preparation.

Note: The above paper was written about the time an invitation by Dr. H. F. Gillette of Cuba, N. Y., was inserted in the January 25th issue of the American Medical Association Journal, for reports, which we gladly append:

Where the injection of diphtheria antitoxin had been followed by alarming symptoms or death, especially noting when there was any history of asthma in the case, he was fortunate in receiving twenty-three definite and positive reports, which are published in Journal A. M. A., of October 3rd, 1908. Sixteen of these gave a history of some form of respiratory distress. Six of the sixteen resulted in death. Ten went into a state of collapse with recovery. Seven of the twenty-three cases gave no history of respiratory trouble, and that fact was definitely determined. Four of the seven died, three went into collapse with final recovery.

Conclusions Based on the Reports.

1. There is a certain element of danger if any horse serum is used in subjects who suffer from any form of respiratory embarrassment, such as asthma, the so-called cardiac or renal asthma, hay-fever with resulting asthma, and in subjects liable to irritation of the mucous membrane when about a horse or a stable, whether asthma has resulted or not.

2. Collapse or death is accompanied by a respiratory crisis, and when death occurs it takes place within less than ten minutes from the time of the injection.

3. The administration of any kind of horse serum is liable to cause collapse or death, if the subject suffers from respiratory distress, and it is not due to any kind of toxin or antitoxin or to any errors on the part of the maker of the serum, or to the age of the serum, but is due to some

highly organized proteid which is present in the serum, and it is the reaction in the proteid which causes the crisis. The reaction takes place only under certain conditions.

4. The heart continues to act long after respiration has ceased.

Discussion.

Dr. Carpenter: This is a very important matter to my mind. I wish it could be very generally discussed. I am sorry the Doctor did not undertake to set forward any theory which might explain these sudden deaths. To my mind the explanation is going to be worked out in a laboratory and with our present information we can with no amount of positiveness advance any theory to clear up the matter. There is very important work being done along the lines of anaphylaxis and I think there are certain relations existing between these antitoxins and the normal body protectors which we know nothing about as yet, but which will be worked out in the laboratory.

Dr. Watson: These deaths have excited a great deal of thought, not only on account of the calamities themselves, but as to the explanation of them. It is very unfortunate indeed, because there is not a greater boon to man of course than diphtheria antitoxin, other than vaccination for small-pox, quinine for malaria, and the scalpel for appendicitis. For this particular case that occurred in our state, it seems to me the most logical reason to attribute the death to would be an air embolism. It seems that the wife received half of the tube—one thousand units—the first half of that; he received the last half, and that evidently, or possibly, the air was not entirely gotten out of the tube, and that in the last portion injected, the needle having entered a vein, possibly air was injected directly into the venous circulation. But I hope these calamities will not deter any one from using antitoxin with a liberal hand in the curing of diphtheria, and also as an immunizing agent.

Dr. Lancaster: The most plausible explanation for the death in this state was that suggested by Dr. Stephens, I think. A great many people with asthma cannot get air. If I had such a patient, I would hesitate to give him antitoxin.

Dr. Whaley: If the asthmatic theory be true, why don't we see more danger in children? We certainly use it indiscriminately in children, and I for one have seen no syncope, except perhaps an occasional rash in children.

Dr. Hamilton: Was the death after a repetition of the dose, or was it on the first dose?

Dr. Stephens: They were all given for immunizing purposes except one.

Dr. Hamilton: I think the plan is now if you give one dose, give all you are going to give.

TRUE CATARRH—ITS PROPER ETIOLOGY AND TREATMENT.*

By W. PEYRE PORCHER, M. D.
Charleston, S. C.

Throughout the civilized world there is no subject about which so much variance of opinion is held as the correct etiology and treatment of what is known as true catarrh, atrophic rhinitis, ozena, etc. To make this more clear to you I will quote you a few extracts from two articles which have appeared on this subject in the recent past, one by John Sendziak, of Warsaw, Poland, and the other by Geo. L. Richards, of Fall River, Mass. Dr. Sendziak writes an exhaustive article on the etiology (see *Annals Otology and Rhinology*, Dec. 1906). After quoting the relative proportion of the sexes, as affected by the disease, he says Krieg and Grosskoph very properly state that the disease may occur in the rich as in the poor; in the latter more commonly. Voltolini opposes this view. He then gives the relative proportions as affected by occupation, and strange to say finds the disease more commonly in merchants, male pupils, and land owners, than in coal handlers,

tanners, or other men whose occupations would seemingly render them subject to this disease on account of the dust and dry air to which they are subjected. He distinguishes between simple fetid rhinitis and atrophic rhinitis. Of the former he gives as the etiology trauma, deviated septa, operations on the nose—especially the galvano cautery, acute infectious diseases, general pathologic processes, laying especial stress upon tuberculosis, and quotes Pluder, Swain, Gruenwald, Frudenthal, Siebenmann and Wyss, in support of it. He says "in 1142 cases of atrophic rhinitis which I have observed tuberculosis was observed 84 times or 7.4 per cent. In my opinion there is no doubt that there exists between tuberculosis and ozena a causal relation which is also found in relation with anemia and chlorosis. Besides the ozena may cause the development of tubercular process which Kreig regards as the most frequent."

Syphilis is undoubtedly to be regarded as one of the predisposing causes of atrophic rhinitis. He gives Jurazz, Stoerk, Hoffler, John McKenzie, Gerber, and Thost as among the advocates of this new theory. Among the other pathologic processes which have a predisposing influence in the causation of atrophic rhinitis he mentions obesity, uric acid diathesis, and neurasthenia. Tobacco and alcohol are common etiology factors. Pathologic conditions of the genito-urinary apparatus are given among the predisposing causes because of the fact that there is a well known lessening of the disease during menstruation. It is also stated that pharyngitis sicca, which is an almost constant accompaniment of atrophic rhinitis, is to a certain degree pathognomonic of the disease.

Among his cases Sendziak records,

*Read before the Medical Society of South Carolina, at Charleston, S. C., September 15, 1908.

as etiologic factors heart disease four times, angina pectoris four times, paralysis agitans twice, pleuritis twice, cystitis twice, actinomycosis twice, and two cases were idiots. Diathesis he states is undoubtedly influential in causing the disease. Its simultaneous appearance in parents, children, brothers and sisters is evidence of this. He quotes Rosenfeld, Lowenberg, Paulsen, Stribling, Stoerk, and Krieg in support of this.

In regard to the contagiousness of the disease he says. "Up to the present time we have no positive proof of the contagiousness of the disease, yet auto-infection is indicative (involvement of the larynx and trachea without the pharynx being affected). Lately, Peres from minute bacteriologic investigation comes to the conclusion that infection is possible from dogs as well as men."

The various theories which have been advocated by different specialists Sendziak records as follows:

"1st. Hereditary, constitutional and Bosworth's theory; 2nd. Mechanical (turbinate bodies, etc.); 3rd. Focal (Lateral sinus theory); 4th. Trophoneurosis; 5th. Parasitic—the most important and best.

"Bosworth stoutly maintains the theory that the disease is always due to the effects of a previous purulent rhinitis for the reason which he states that this disease is never seen in early infancy. Purulent rhinitis, however, is a disease of childhood but it seldom develops into the hypertrophic or atrophic variety in less than 10 or 15 years. Zaufal stands alone in contending that congenital deficiency of the turbinates causing abnormal capaciousness of the nasal cavity is a cause of atrophic rhinitis. He argues that the nose loses its capacity for removing the mucous secretion in sufficient quantities and hence it becomes thick and bacteria fetida are formed which give the bad odor to the breath. Heymann claims that the inspired air passing through preternaturally wide nostrils is not properly warmed, moistened, and purified and hence a bad odor results. Fillet and Sauvage use

this same argument on account of an abnormal narrowness of the cavity.

"Many authors, such as John MacKensie, Gottstein, Schaeffer, Flesh, Williams, Hajek, Compaired, Clure, Scheck, M. Schmidt, Watson, and Waterman, believe that atrophic rhinitis always follows the hypertrophic. Among those who are in accord with Zaufal, of Prague, in attributing the disease to abnormal capaciousness of the nose may be mentioned Senger, Barth, Brugelmann, Asagner, Catmater, Campes, Salles Todnat, and Rouge." Sendziak continues, "The principle exponent of this so called local theory is Gruenwald, of Munich, who maintains that ozena is always caused by suppuration of the lateral sinuses of the nose, especially the ethmoid and sphenoid. The following favor this view: Bresgen, Nobel, Lohnberg, Hajek, Wortheim, Moll. George, Ryerson, Porcher, North, Winslow, Jacque, Berthold, Cobb, Ricord, Brieger, Cassel, Robertson, Flattau, Spicer, Tisser, and Harris.

"Krause first showed in 1885 that the principal feature of the disease was to be found in the changes in secretion namely fatty degeneration of the infiltrated cells, hence fetor. E. Frankel also maintains that the principal factor in cases of ozena is atrophy of Bowman's glands, whence penetration of micro organisms is facilitated causing fetor. The trophoneurotic theories have also had their ardent advocates in the etiology of this disease. Bayer, Hecch, Capart, Sautmann, Gougenheim, Rethi, Mygind, and Bournille may be mentioned among them. Sigard, Fugee, Bonehaven, Bartoux, Massei, Bourowicz, Lenox Browne, Hobart, and Babes have affirmed the theory that Lowenberg's ozenacoccus was the chief cause. It has also been found that Friedlanders pneumococcus was identical with the ozenacoccus."

Sendziak says that although the parasitic origin of both simple and fetid rhinitis is most plausible there are many opponents to it.

Dr. Geo. L. Richards (Jour. A. M. A., Jan. 5, 1907, says: "Somers has advocated citric acid as a deodorant, but states that it is of no value otherwise. Ingals reported in 1897 that 1-4 of 1 per cent. of yellow oxide of mercury was a good remedy. J.

H. Nichols advised 10 per cent. orthochlorophenol. J. O. Roe advocated a mild solution of nitrate of silver. I have used nearly all the proprietary salts. Dr Leland advocates 1-5000-200 corrosive sublimate preceded by cocaine to get general congestion. Hubbard used cotton tampons put in alcoholic solutions of acetanilid. Porcher advocated the use of potassium iodid on cotton tampons. This preparation, known as Lugol's solution, I have used for many years and still use more or less and find it one of the most efficient measures. I have used ichthyol in its many combinations with and without glycerine and have found this one of the many valuable applications. When all is said and done the local therapeutics seems to reduce itself to a thorough cleansing of the nasal mucous membrane, and the use of any application which produces a mild stimulation is as effective as anything. The severer remedies do not seem to have any material advantage over the milder ones. I am afraid that we have no specific but I hope that one may yet be found and the future will not, as in the past, show more failures than successes."

Having thus reviewed as briefly as possible the etiology and treatment of this disease I must now attempt to throw whatever additional light I may be able to in view of more recent experience and study of this heretofore most intractable of maladies. The article which is referred to by Dr. Sendziak and Dr. Richards was written in 1896 and read before the American Laryngological Association. It was followed by an exhaustive discussion, from which many of the statements above have been quoted (see Transactions of the American Laryngological Association, 1896). From this article I quote as follows:

Purulent discharges originating in any of the accessory sinuses or resulting from an acute inflammation may likewise result in atrophic degeneration with more or less complete destruction of the muciferous glands and follicles.

The effect of pus on the epithelial and glandular structures need not be dilated

upon here but it has been a well observed fact that atrophic degeneration almost always begins upon the middle turbinate bones and it has also been noted that scabs which have become encrusted there and elsewhere almost always contain some particles of pus incarcerated upon the under surface of them.

Of course it may be said here that atrophy may result from the simple non-use of any organ without the presence of any inflammation simple or purulent to produce it. Paradoxical as it may appear, but nevertheless true, the nostrils of habitual mouth breathers, or those to whom the nose is little more than an ornament on the face, instead of becoming larger from atrophy of the mucosa becomes narrower and more occluded, almost as though an hypertrophic instead of an atrophic process had been established, so that it cannot be said that atrophic degeneration is in any case due to simple non-use of the organ, first, because of the reason above stated, and second because some of the worst cases of atrophic rhinitis are found in those who have poor hygienic surroundings, breathe the most foul air, etc. Atrophic rhinitis occurs quite often at a very early age. Large green scabs forming complete casts of the nose have been found in children of seven years and younger. In these cases the etiology of hypertrophy, dust inhalation, etc., has to be entirely excluded. This was notably the case in a child of six or seven years of age which was brought to the writer several years ago. There was no specific taint in this case and hence there could be but one cause to which the disease could be attributed—namely, a prolonged acute rhinitis, resulting in a chronic inflammation which had been allowed to run on until the nasal mucosa was almost entirely destroyed. It is apparent then, as has been stated by some authorities, that atrophic rhinitis is not a disease per se, but is the result of any inflammation acute or chronic, specific or non-specific, whether excited by exposure to cold, or continued inhalation of irritating dust, vapors, etc., which ends in a purulent discharge, and which may or may not involve the accessory sinuses, but which is sufficiently prolonged to wash away the epithelia and to destroy the nasal mucosa, turbinates, etc. If this is true,

what measures should best be instituted for the relief of the patient, and what hope have we that the formation of the scabs may be stopped? It would be a simpler matter to search for, and give free outlet to, all pus cavities, scrape away carious bone, and wash out scabs, etc., but it has heretofore been the humiliating experience of the writer, in common with other physicians, to find that the scabs continued to reform exactly as they did before, and that the douche had to be used as persistently as ever.

I then reported a case in which I had packed the nose with cotton saturated with Lugol's solution daily for a long period. This did not stop the formation of the scabs, but it enabled the patient to remove them much more readily than she had ever been able to do before.

Since writing the above my attention has been drawn to two facts. The first of these was that when the bronchial secretion came in contact with the external air through a tracheotomy wound it would become gummy and hardened. The second was the fact that if iodine locally exerted a beneficial effect in the removal of the scabs, the use of the iodides internally should be equally beneficial, but they must be pushed to full therapeutic extent to get these results.

With this idea in mind I took two cases in hand. These happened to be two sisters, aged 18 and 20, respectively. The first of these girls persevered in the treatment for six months, and ran the dose up until she took 300 grains after each meal. The result has been that the scab formation has stopped entirely. After the lapse of two years her nose remains perfectly clean. Her sister failed to persevere in the treatment and while the scab formation has been very materially checked, she has still some formation in the roof of her nose. Since that time I have tested the action of large doses of the iodide of potassium

in a number of cases, and in every case where the patient could be induced to push the drug there has been a very material betterment of the condition. It has been demonstrated to me, however, that it was not until the dose reached to between 800 and 900 grains per day that the scabs would cease forming of themselves. Locally, I first cleanse the nostril with peroxide of hydrogen and then apply Lugol's solution. The effect of the iodine locally, as well as constitutionally, appears to prevent the coagulation of the secretion in the nose. I do not in the least degree attribute this condition to any syphilitic origin, nor have I found a syphilitic history in any of the cases which I have treated. In common with many other writers I do not hold that a case is syphilitic because good results are obtained from the use of iodide of potash. The explanation of the method by which this scab formation is stopped by large doses of the iodid appears to be that the blood is rendered more liquid and less coagulable and the nasal discharge is similarly affected. On this account the danger of hemorrhage is very great, and hence great care should be used to guard against it.

In a recent case a very alarming hemorrhage occurred, and on account of this non-coagulability of the blood it was exceedingly difficult to control. The case was that of a boy about 12 years of age apparently in robust health except for the persistent scab formation and organic cardiac insufficiency with a tendency to nose bleeding. He had been taking the iodide for four months and in that time had run the dose up to over 300 grains after meals. The scabs had about disappeared when the violent hemorrhage began. I operated for the removal of a portion of the left middle

turbinate about three weeks ago, which was satisfactory and very little bleeding followed the operation. The right middle turbinate was subsequently operated upon and a small portion of the anterior end removed. The bleeding here was quite sharp but not extremely so. About one week afterwards, upon swabbing out the nose a sharp hemorrhage began and continued intermittently for two days before it could be controlled. The nostrils were packed, anterior and posterior, and this only served to check it temporarily; various styptics were used without avail. Gallons of ice cold water were passed through, and this also did not avail, but the oozing continued. Finally, when the boy was almost exsanguinated, I packed the posterior nostrils and closed the anterior nostrils with an improvised spring clip. This allowed the clot to form and thereafter there was but slight oozing. The boy's recovery has been perfect and there has been no return of the scab formation in the nose.

Many persons are absolutely intolerant of potassium iodide and others will tolerate enormous doses without any apparent ill-effect, and in fact appear to improve in health while taking it. Two of the cases above alluded to were 13 and 17 years old respectively. The latter case only complained of a slight occlusion of the eustachian tube, which I thought might possibly have been produced by the exceedingly large doses of the iodide. This extreme toleration for the iodides has been attributed by some writers to a syphilitic diathesis, but this has not been definitely established. We are certain, however, the use of the iodides in very large doses will increase the fluidity of the blood, and it is therefore more than probable that the stoppage of the scab formation

in the nose, or coagulation of the nasal secretion, is also due to the fluidity of the nasal discharge.

Special Article

A FEW SUGGESTIONS FOR THE COUNTY SECRETARY.

By THEODORE G. KERSHAW, M. D.,
Waterboro, S. C.

One of the mistakes too often made in the County Society meetings is the too scientific plane on which the men are asked to read papers. Take the average practitioners are composed mainly, and put him to reading a paper on the "Opsonic Index," or the "Differential Diagnosis of Staphylococcus in the Uterine Discharge," and you naturally drive him into the textbook. and while you wish to bring out his own ideas on the subject, you only succeed in hearing a recopy of the textbook on the subject. Suit your topics for discussion to your audience, there are always some men present in the society that can give the scientific twist to the discussion, and the average man will join in, and thus you can bring out his views on the subject. What would appeal to a Charleston or Greenville, or Columbia audience will not appeal the same way to a Hampton or Colleton one, and it should always be remembered that we are striving to get and hold the interest of the country practitioner, and show him the benefits to be derived from the meetings and organizations. This cannot be done by carrying him outside of his own province. Have your discussions on home topics, the diseases that are prevalent in your neighborhood. When you hear of an unusual case occurring in your own county, invite the man that has been in attendance to read a paper on that subject. This flatters him, and at the same time gives the other man a chance to express his views on the treatment.

When the meeting is to be held in the county seat, always make some preparation for the entertaining of the guests; a small lunch or a smoker where you all can mingle without restraint; appoint a committee

from the town to meet the men as they come in on the trains; show them that you are interested in their coming; do not leave them alone to struggle into the meeting place alone. A fellow who has driven twelve miles to a meeting does not like to think that he is the only one interested. Have an occasional Mogul to visit your society. This will give the men a chance to hear something really scientific, and at the same time gives them a chance to come in contact with the really bright minds of the profession.

Where it is practicable, avoid meeting in a private office. Usually it is too small; and again, it may create a feeling of petty jealousy amongst some of the other men, whose office was not chosen. A regular place for the meetings, and one that is convenient, is the best thing. The visitors soon get in the habit of going there, and a habit is soon formed. Try to associate the idea of meetings with one place in town.

The choosing of officers should be approached with great care and tact; do not be in a hurry. It is astounding what a little suggestion will do along this line, and if the secretary is awake, he can make up a ticket that he feels will be the best, and with a little soft soap on the side, can usually have it voted in. Choose for president some man who has the society's interest at heart, and who shows it by his regular attendance on the meetings. When it is possible, choose a man from the county, rather than the town. This helps to show the interest necessary to keep hold on the country brethren, and at the same time does not give the men in the towns all the good things in this line.

The secretary should be chosen with an idea that he will be interested in his work. It is best when possible to give this office to a man who has not too large a private practice. He will not be able to give it the proper amount of time and thought. If he is busy all the time, and if he is not a fool, he will neglect his bread and butter. Give the office to some younger new man; he is fresh from college; still retains his ideas on the subject of organization, is not too busy, and at the same time, you give him an actual interest in the work. He is a part of the society, and will usually take a great deal of interest in getting up the

meetings. He can be helped along wonderfully if the president will offer him a few suggestions along certain lines, and will work along with him.

A thing to be assiduously avoided is anything that has the appearance of a clique in the society. It breeds strife and jealousies, and is the greatest factor for evil, next to the woeful lack of spontaneous attendance that we have to deal with; and running this a close second is internal disagreements in the society—little things that spring from personal grievances, which are understood only by the principals, and which are brought out in the society under some cloak, and stir up more mischief than can ever be repaired. This can best be avoided by not allowing any personality to creep into the meetings.

Do not meet too often; if you do, the men get used to being entertained and get tired of the meetings. Try to make the meetings like little social dissipations; they are more attractive because of their rarity and when a man gets a day off in every two weeks, he is not paying much attention when the time comes around. Every six weeks or two months are better than oftener, in the rural districts; the men are then looking forward to a day in town, and will be more apt to attend.

These few suggestions are offered for the perusal of the secretaries, they are all of them practical, and have been tried with some degree of success in the local society. Especially are they intended for the men in the rural districts, where most of the trouble is in getting the men to come to the meetings.

County Societies

SECRETARY CHEYNE TALKS TO THE COUNTY SOCIETIES.

(The following communication was received Nov. 26th—too late to get in the November Journal.—Ed.)

During the past year, the county society in several sections of the state has distinctly retrograded. The proper place for meeting in the county has been the contention with some, but alas, in most of the derelict societies it has been due to the neg-

lect, remissness or indifference of the county secretary.

The secretary is the back-bone of the society. It cannot stand without him. The man who assumes this office must know it is a working office. The more successful the work of the society the greater the work of its secretary.

Now, I appeal to you, in the coming election of officers by county societies which takes place for most of the county societies in December, that you carefully choose a competent man, a man who is willing to work for the society as its secretary. Get a busy man. The busy man is compelled to have system in his office, the idle man usually lacks system. Our society gives \$20.00 salary a year. I think every secretary who does his work should be paid.

Let every member pay his dues promptly. This is the law, and the desultory way of paying causes confusion in the rolls for the state meeting. The only matter that caused the least friction in the state meeting last year, was the fact that many secretaries had not given the delegates from their societies any credentials, nor had they notified the state secretary of the names of these delegates as the law requires.

Now it certainly seems a simple matter to follow out the constitution and let every delegate stand on the same footing, the Constitution of the S. C. Medical Association.

(Signed) Walter Cheyne, Secretary.

ANDERSON.

The Anderson County Medical Society met on December 7th, with fifteen members present. No scientific program had been announced as this was the date selected for the annual meeting at which time the business affairs of the year was wound up, and new officers are elected.

Report of a Good Secretary.

The annual report of the Secretary was called for. It showed the following facts:

1. Number of meetings held, 18.
2. Average attendance, 12.
3. Papers read, 27.
4. Society Roll, (a) members lost, 4, (by death, 2, lapsed, 1, transferred, 1); (b) members gained, 13, (renewals, 6, transfer, 1, new members, 6).

January, 1908, members on roll, 34; December, 1908, members on roll, 42.

The treasurer's report was then called for. The details of it may not be of general interest, but perhaps this fact will. When it was shown that the society was in debt some ninety dollars (for rent on society room, furniture, &c.,) a motion was passed that this be raised at once by an equal assessment of the members so that the new officers might start off with a clean sheet.

Election of Officers.

The election of officers was then begun and resulted as follows: President, Dr. J. L. Gray; vice-president, Dr. J. O. White; secretary and treasurer, Dr. J. R. Young; censor (for three years), Dr. R. L. Sanders.

Delegates to S. C. M. A., B. A. Henry, M. D., J. R. Young, M. D.

The remarks of Dr. Gray on taking the president's chair were short and to the point: "Gentlemen, I appreciate this honor a great deal. I have never been an officer in the society before and the Lord only knows what kind of a one I'll make, but I'll try."

The president deferred the appointing of his committees until the next meeting. In motion the other meeting in December was called off, and the society adjourned to meet on the first Monday of January, 1909.
—J. R. Young, M. D., Sec. Anderson Soc.

COLLETON.

The regular meeting of the Colleton County Medical Society was held in the City of Walterboro, on Monday, November 30th, at 12 M., there being present the following members of the Society: Drs. B. G. Willis, and W. A. Kirby, of Cottageville; Dr. W. D. Grigsby, of Hendersonville; Dr. J. T. Taylor, of Adams Run; and Drs. W. B. and Riddick Ackerman, Dr. L. Stokes, and Theodore G. Kershaw, of Walterboro. The meeting was called to order by the president, Dr. Taylor, and the minutes of the last meeting read, and confirmed.

Illegal Practice.

Under unfinished business the matter of illegal practitioners came up. It was the consensus of opinion that we did not have sufficient evidence with which to proceed,

and the resolution was offered and carried that the committee proceed and collect all the available evidence from now until the January meeting, at which time the matter will be further discussed.

The secretary was instructed to write the secretary of the State Board of Examiners inquiring the legal status of a physician practicing with a diploma, who has failed on his state board examination, and who has every intention of coming up for examination at the next meeting, the discussion having arisen from the fact that a man in this predicament should not be classed with a quack.

The revision of the blacklist was continued till the January meeting. The president was requested to present at the next meeting of the society a copy of the Charleston fee bill for surgery to be used as a basis for the formulation of one for this society.

The resignation of Dr. Taylor, as president of the society, which was tendered society by mail, was unanimously rejected, and Dr. Taylor was asked to continue as president.

It was moved and carried that the Colleton County Medical Society shall elect officers at the January meetings from henceforth.

There being no further business before the society, the society adjourned.

After a Journal Prize.

In the prizes offered for the largest percent gain in membership in the county society for the year, I beg to submit the claim of the Colleton County Society. We having 12 members at the beginning of 1908, we have taken in three (3) new men, thus giving a 25 per cent. increase. Please submit this in the contest.—Theodore G. Kershaw, M. D., Secretary.

DORCHESTER.

The Dorchester County Medical Society met this evening, (Dec. 7th.), in Summerville and in the absence of both president and vice-president, Dr. J. B. Johnston presided. The following members were present: Drs. F. Julian Carroll, W. F. Graham, J. B. Johnston, H. B. Lee, E. W. Simons, and E. D. Tupper, also A. H. Hayden of the

Charleston County Association, and Dr. J. P. Minus, of Ridgeville.

We had expected a treat in the form of an address from Dr. J. W. Babcock, but unfortunately he was compelled to remain in Columbia, but has promised to be with us at the next meeting, which will be held in Summerville, on Monday, Jan. 4th, 1909.

Remarkable Insurance Correspondence.

Insurance matters came up again in the form of a rather remarkable letter from Dr. Ira W. Porter, Supreme Physician of the Woodmen of the World. As the Journal is experienced in handling communications of this kind it was ordered that the whole correspondence be attached to the monthly report and sent to the Journal. The following is the correspondence:

Summerville, S. C., Sept. 15, 1908.

Dr. Ira W. Porter,

Supreme Physician, W. of W.
Omaha, Neb.

Dear Doctor: Under instructions of the Dorchester County Medical Association, I beg leave to transmit to you for your information the following resolutions passed at a meeting held to-night.

Several members of this Association are Woodmen.

"Resolved by the Dorchester County Medical Association, that the Secretary be instructed to communicate with the Supreme Physician of the Woodmen of the World advising him that several members of this Association have been approached by Deputy Commander J. B. Marsh with the request that they examine, at reduced rates, about twenty applicants for insurance in a lodge to be organized at Knightsville, S. C., and that after refusal of members of said Association a physician, not a member of any association, has made such examinations, all of this between Aug. 31st and Sept. 15th, 1908.

Resolved further, that the secretary request the Supreme Physician to investigate into the competence of the physician making said examinations, as they believe the acceptance of his work to be detrimental to the interests of the policy-holders of the Woodmen of the World."

Yours truly,

EDMUND W. SIMONS,

Secretary Dorchester County Med. Assn.

Nov. 17, 1908.

Dr. Edmund W. Simons, Secy.

Dorchester Co. Med. Assn.,

Summerville, S. Car.

Dear Doctor: Your favor of Sept 15th concerning proposed camp of the Woodmen of the World to be organized at Knightsville, S. Car., by Deputy I. B. Marsh and

the physician employed by him to examine applicants for that purpose was received at my office while I was in attendance at the International Congress on Tuberculosis at Washington, D. C.

I note the resolution passed by your association requesting you as its secretary to request me to investigate the competence of the physician making such examination and in reply will state that as we have no camp at Knightsville and you did not furnish the name of the physician objected to I have not been able to make a special investigation.

I always investigate the physicians who examine for us. This is part of the routine work of my office. In fact, I have rejected fifteen physicians in South Carolina in the last three years.

If you will favor me with the name of the physician referred to and file specific charges against him I will take pleasure in investigating them.

However, the charges must be of a graver nature than the puerile one of examining for less than trust prices.

With expressions of fraternal regard, I beg to remain

Sincerely,
IRA W. PORTER,
Sovereign Physician.

Honorary Member.

On account of the impaired health, the president, Dr. J. P. Mellard, begged to retire from active membership and was placed on the honorary roll. Dr. Mellard is a charter member and a staunch association man.

Election of Officers.

The following officers were elected for the coming year: President, Dr. John B. Johnston; vice-president, Dr. A. R. Johnston; secretary, Dr. Edmund W. Simons; treasurer, Dr. Elias D. Tupper; delegate, Dr. John B. Johnston.

Both essayist and alternate failing to materialize, the Charleston Association (S. C. Med. Society) came to the rescue in the person of Dr. Hayden, who, in turning over his barrel, found a paper of pretty fair proportions on "Nephritis," and as that disease certainly seems to be increasing under the conditions prevailing in our modern life, his words were given careful attention.

For the next meeting Dr. E. D. Tupper was appointed essayist, and Dr. Julian A. Parker alternate, and as we expect Dr. Babcock we will have a large attendance to begin the New Year.

—E. W. Simons, M. D., Sec'y.

LAURENS.

The Laurens County Medical Association held its regular monthly meeting Nov. 23rd, at Laurens in the parlors of Gray's Hotel. This being the regular annual meeting, new officers were elected for another year, together with two delegates to the state association which meets next April in Summerville.

Election of Officers.

The election of officers resulted as follows: Dr. S. F. Blakeley, president; Dr. W. D. Ferguson, vice-president; Dr. Jesse H. Teague, re-elected secretary; Dr. A. J. Christopher, re-elected treasurer. The two delegates chosen to the State association were Drs. W. H. Dial and S. F. Blakeley.

Dr. A. J. Christopher read an excellent paper on La Grippe, showing that much study and thought had been given the subject. A full discussion followed the reading of the paper and a number of cases were reported by the different members present. This disease is now prevalent and a full discussion as to its cause, course, complications and treatment is very important not only to the profession, but to the laity as well.

Several new members were added, which leaves but very few regular practicing physicians in the county yet to join the association.

The Annual Feast.

At three o'clock in the afternoon, an elegant dinner was served at Gray's hotel, every member present enjoying this part of the program to the fullest extent. The elaborate menu was a gastronomic sensation and some were led into excesses that came near changing them from doctors into patients,—but on the whole it was a right severe attack of indigestion to make the sufferer believe that the feast was not worth any reasonable price he had to pay in temporary discomfort. It sounded all the keys in the gamut of toothsome hominy, from celery and olives all the way through demitasse and cigars, and the medicos did full justice to every course.

When the coffee and cigars were on, Dr. W. H. Dial arose and offered as a toast, "Fifty-seven years in the Practice of Medicine." He called on Dr. J. O. Wilber, of Waterloo, to respond, who did so in feeling

terms. Dr. Wilber urged the younger members to prove all things and hold fast to that which is good.

Dr. H. K. Aiken, the popular cashier of the Bank of Laurens, being the guest of honor, was called upon and in a witty speech jollied his fellow medicos along for a few minutes. His speech was one of the hits of the evening.

Dr. W. D. Ferguson responded to the toast, "The Duty of the Laurens County Medical Society Man to the Methodist Conference." All the speeches were good and thoroughly enjoyed. The association will ever have reason to remember the 23rd of November as a red letter day in their medical experience.

PICKENS.

The Pickens County Medical Society held its regular session in the offices of Dr. C. N. Wyatt, at Easley, Dec. 2, 1908. Our president, Dr. R. J. Gilliland, being unavoidably absent, the meeting was presided over by the vice-president, Dr. C. N. Wyatt.

There were no papers or clinical cases but the time was not lost. In fact we had a very pleasant preliminary discussion of our annual banquet, an occasion to which we look forward with a great deal of pleasure, and for which the society is greatly indebted to the Easley physicians. Each year about the Christmas holidays, these good doctors spread for us a sumptuous feast of many good things. This time we are requested by these most generous gentlemen to bring our wives and also one friend each. Those unfortunates who have no wives may bring their sisters or sweethearts.

A committee for arrangements for the banquet was appointed and consists of the following: Drs. H. E. Russell, R. J. Gilliland, W. A. Tripp, and J. T. Rosemond.

Election of Officers.

This being our last regular meeting for this year, the matter of election of officers was brought up and on motion of Dr. Valley the society went into an election which resulted as follows: President, Dr. J. S. Bolt, Pickens; vice-president, Dr. H. E. Russell, Easley; secretary and treasurer, Dr. R. J. Gilliland, Pickens; Member of Board of Censors for three years, Dr. J. L. Valley, Pickens.—J. L. Bolt, M. D., Sec'y. pro tem.

Minutes of Meeting of the Anti-Tuberculosis Committee.

MINUTES OF THE MEETING OF THE COMMITTEE OF THE SOUTH CAROLINA MEDICAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS HELD IN COLUMBIA, OCT. 29, 1908.

(The following account of this meeting was furnished by Dr. Walter Cheyne, Secretary, to whom the Journal is therefore indebted.—Ed.)

Upon the call of the Chairman, Dr. J. L. Dawson, a meeting of the Committee of the South Carolina Medical Association for the Study and Prevention of Tuberculosis was held in Columbia, October 29th, 1908. This committee represented a member from each county and in addition there were several visitors from North Carolina, and many persons interested in the subject from our own state. Dr. John L. Dawson presided as chairman and Dr. Walter Cheyne, secretary of the South Carolina Medical Association, acted as secretary for the meeting.

Dr. Dawson in opening the meeting said: "I would suggest the adoption of the following articles:

"I. The Association to appoint a standing committee consisting of one member from each county society, to be known as 'The committee of the South Carolina Medical Association for the study and prevention of Tuberculosis' (National Association),

"II. That each member of said committee be instructed and empowered to organize in his county an anti-tuberculosis association of which he shall be the head, and which will consist of a membership of laymen and physicians, to aid and co-operate with him in the fight against tuberculosis. That it shall be the aim and object of these county associations to instruct the public as to the methods of conveyance of tuberculosis, its prevention and cure. That the aid of civic clubs be invoked and that the poorer classes be visited and instructed at their homes when possible.

"III. That this committee meet annually on the day before the meeting of the state association, at such place as the association has chosen for its meetings, and that each

member report at this meeting the progress of the work done by his county association (a list of members, number of cases instructed, help by clubs, methods employed, etc.,)

"IV. That all reports be tabulated and put into form and be presented to the State Association officially, at its annual meeting each year."

Dr. Bratton, of Yorkville, spoke as to the methods whether the state should aid us or we should aid ourselves. He said it took cash to run anything. An early diagnosis is the first step all should know. The chairmen of counties should instruct as to this particular, so that an early diagnosis of the disease might be made.

Dr. Neuffer, of Abbeville, said that it was incumbent on the medical profession to do this medical work. First, teach the public that this disease is contagious; then how to prevent it. Prevention is the most important feature of this work of education.

Dr. Walter Cheyne, Secretary of the South Carolina Medical Association described his visit to Washington to the tuberculosis exhibit. He said that a great deal of talk has been made about the prevention of this disease and that now we must come down to actual work. He explained that we were a committee appointed really by the health board of the State of South Carolina. The health board of South Carolina is called the Executive Committee of the South Carolina Medical Association. He also explained that in case of any help being needed by any committeemen of his county, that the health board could gladly render this help, for they are awake, wide awake to the present issue. Dr. Cheyne described some of the exhibits which might be reproduced in each county. "One was the exhibit of two rooms, one with the presence of two negro women, dark, untidy, with two smoky lamps burning and using up the air; one negress lying on the bed coughing in the last stages of consumption and polluting the bed clothes and the room with death dealing disease; the second negress standing up ironing the clothes of the white people and innocently spreading disease broadcast. Secondly, he said he saw a flash-light descending every four seconds, this flash-light indicating a death from tuberculosis in the world. Thirdly, getting from the manufacturer the various tents and contrivances to show the necessity of fresh air, pure air, plenty of

oxygen. Fourthly, getting in touch with the boards of education for the counties. Get them to use literature in their schools instructing the children from an early date. Fifth, he said to interest the ladies in every possible way that they might help by their organizations of the civic league and in other ways to promote education and disseminate knowledge, but he desired to be distinctly understood in the statement that the South Carolina Medical Association was at the head of this movement. It assumed the responsibility, and it would be glad to have them work in harmony with the medical profession of the State of South Carolina in the prevention of disease. The human life has been proved in economics to be worth many thousands of dollars. Private subscription should not be asked. The legislature should furnish the money. This was a simple business proposition for the officers of the state who control the funds. If they had not the intelligence to appreciate this fact, then let the doctors make this known and elect such officers as would be of enough intelligence to appreciate the present conditions in South Carolina.

Dr. Neuffer moved the adoption of Dr. Dawson's resolutions. They were unanimously adopted.

Dr. Fillmore Moore, of Aiken, asked if he had proper authority to go ahead and organize. The answer from the chairman was yes, and at once.

Dr. Bratton, of Yorkville, said he didn't know exactly how to go ahead; what measures to first adopt.

Dr. Corbett, of Camden, said he knew what was needed in his county. The negroes and the low whites were the menace. You never saw these people until they were in an infectious stage and it seemed to him that the whole object was to treat the poor people, not those who were able to take care of themselves, and to get somebody to go about and disinfect the poor people, black and white.

Dr. Brailsford, of Mullins, made some remarks describing the Tubercular exhibit as seen in Washington.

Dr. Eve, of Burton, Beaufort County, made the following suggestions:

"Drinking cups on railroad trains and steam boats: Printed notices should be put up over water coolers advising passengers

to provide their own cups and use them.

"Laundries other than steam: The State Board of Health should have sent to every county in the state printed warnings to the public, warning them against sending their clothes to be laundried by any family having a known case of tuberculosis.

"Second-hand clothing should not be sent outside the state to negroes as is extensively done on the sea coast.

"Dusting carpets at the winter resorts when the season is over should not be done until the carpets have been thoroughly disinfected. I would suggest that a committee be appointed to draw up suitable bills for the enforcement of these points, and endeavor to have them passed by our next Legislature."

Mrs. Beall, of Sumter, was present at the invitation of Dr. Dawson. She said the Ladies' Club wished to work with the doctors. Said she invited the negro doctors to be present so as to interest them in the meetings held in Sumter. The Civic League in Sumter employs a nurse at \$720.00 a year.

Dr. Shecut, of Orangeburg, said all cases of tuberculosis are reported to the health officer who in his county is a very efficient officer, and he goes at once to the premises and disinfects and also instructs the patient.

Dr. Faison, of North Carolina, spoke of his interest in this tuberculosis matter. He said when we started to prevent tuberculosis we could not look back. There are two ways of securing prevention. Laws first, education next. Commence the education in the medical profession. Unfortunately a great many doctors do not look at it rightly. They avoid the law compelling them to report cases. You must educate these doctors as well as the laity. Do not beg your legislators for money, demand it as a right to the medical profession.

Dr. S. C. Baker said he had found great difficulty in getting any money out of the legislature. Education as to needs was necessary for legislators and the public at large.

Dr. Nardin said to be truthful to the patient at once. Don't tell him he had malaria and don't put off the telling of the diagnosis. It is too dangerous to delay, dangerous to himself and dangerous to the community.

Dr. Cheyne said he would have published in the Journal of the South Carolina Medical Association any information he could

get from Dr. Farrand of New York, who is especially interested in the subject and communicate with each member of the committee.

Personal

Dr. S. N. Bellinger has been appointed county physician of Charleston by Governor Ansel.

Dr. C. T. Wyche, of Prosperity, who has been re-elected to the House from Newberry county, has been in the city for a few days. Dr. Wyche is one of the former State dispensary advocates who now stands for state prohibition, and he has been urged to allow his name to be used for Speaker of the House on that platform. Dr. Wyche has taken a very active interest in legislation looking to better sanitation, and is very much interested in the anti-tuberculosis agitation.—Cola. Correspond. News and Cour.

Dr. Jas. Adams Hayne, who is connected with the medical corps of the United States government on the Isthmus of Panama and has been in the canal zone for about two years, has recently been transferred to the sanitarium on the Island of Tobago, in Panama bay, on the Pacific coast. This information comes through a personal letter to Mr. T. B. Hayne of this city, the father of Dr. Hayne.

Dr. Hayne is delighted with the transfer and regards the new post as the most desirable within the jurisdiction of the medical staff of the zone. It is a decided compliment to his ability. The sanitarium to which he has been transferred is somewhat of a fashionable resort in that part of the world. Dr. Hayne has already gone to his new post. Mrs. Hayne and children will join him there later.—Greenville News.

Correspondence

ETYMOLOGY OF PELLAGRA.

Charleston, S. C., Nov. 30, 1908.

To the Editor: The Journal for November just received. A most interesting number, and I congratulate you on both its appearance and substance.

It may not be out of place to call your attention to the derivation of the word "Pellagra", and to say that it is not derived from the Latin but from the Greek, not from "pellis" and "agra" (which, by the way, does not mean "disease") but from "pella" the skin, and "agra" a seizure, an attack. This is, of course, wholly unimportant as compared with the diagnosis and treatment, but it is as well to be right even in a small matter.

Wishing you the continued success with the management of the Journal which you justly deserve, I remain,

Yours sincerely,

John Forrest.

Obituary

JOSEPH ALSTON JAMES, M. D.

Many will learn with sadness the tidings that Dr. Joseph Alston James is no more. His death occurred November 23rd, 1908.

Dr. James was born at Brookland, the home of his ancestors in Statesburg, Sumter county, on July 22, 1829, and hence lacked only a few months of having completed four score years. He was the son of William Dobl'n James and Mary Ellen Capers James, and was proud of being the great grandson of Major John James, of Revolutionary fame. His father and mother moved to Alabama in the pioneer days, and it was amidst the stirring events of the first half of the last century that he grew to a vigorous and sturdy young manhood.

Being left an orphan at the early age of seven he was literally the master of his fate and early decided that he would become a doctor. He studied first at Tulane University, in New Orleans, and later finished his medical course at the Charleston Medical College. He immediately commenced the practice of medicine in Georgetown, and later in Williamsburg county, where he was married to Miss Sarah Baxter McCutchen in 1855. To this union nine children were born, the surviving ones being W. D. James, of Cheraw; J. A. James, of Summerton; Mrs. O. Y. Owings, of Columbia, and F. V. James, of Denmark.

For over fifty years he labored at his be-

loved profession, but five years ago his health failed and he went to live in Columbia with his only daughter. During the war of secession he cheerfully dedicated his life to his country and won such promotions that though he went into the war a private, he came out chief surgeon of Ker-shaws division.

C. WILLIAMS BAILEY, M. D.

Dr. C. Williams Bailey, a leading practitioner of Georgetown, for nearly twenty years, died at his residence in that city on November 24th, 1908. Dr. Bailey was just forty years of age, and though he was known to be in ailing health, nothing serious was anticipated.

Dr. C. W. Bailey was a son of the lamented Dr. T. P. Bailey, who for long years, was the Nestor of the medical profession in Georgetown. He received his early education in the Winyah Academy, under the distinguished educator, Prof. A. McP. Hamby, and attended the South Carolina College, where he was graduated with the degree of A. B. He afterwards graduated in medicine at the University of Maryland, and entered upon the practice of his profession in his native city of Georgetown, where he has always been recognized as a physician of exceptional talents.

Dr. Bailey was happily married to Miss Whitford, of North Carolina, who with a son, C. Williams Bailey, Jr., and Laval, a daughter, both children of tender years, survive him.

News and Miscellany

CONFERENCE ON PELLAGRA.

The South Carolina conference on Pellagra on October 2, was quite a gathering. State officials and others met at Columbia, South Carolina, under the auspices of the South Carolina State Board of Health to study the Pellagra situation. Dr. J. W. Babcock, the Superintendent of the State Hospital for the Insane of Columbia, has done considerable work not only in the study of pellagra, but in creating public and professional interest in the same, and the conference referred to was largely brought about through his endeavor. The

published report of the conference has not yet appeared, but it should attract considerable attention throughout the South, where a considerable part of the dietary is made up of one or another form of maize.

It is especially creditable to Dr. Babcock and to Dr. George H. Searcy (of the Alabama Insane Hospital at Mt. Vernon) that the established presence of this disease in institutions should have been made so generally known. More than ordinary interest has already attached to their findings, and it is quite likely that the exploitation of the knowledge of this disease may lead to its recognition outside of institutions. Obscure cases of erythematous conditions with fatal issue may now be recognized as pellagrous in character and, with the information afforded for the study of this disease, the diagnosis should be easy, even at the hands of those who are not expert.—*New Orleans Med. and Surg. Jour.*, Nov. 1908.

HYPODERMIC USE OF MERCURY IN TUBERCULOSIS.

This hypodermic use of mercury in tuberculosis has been advocated by B. L. Wright, U. S. Navy. In a recent article (*U. S. Naval Med. Bulletin*, July, 1908) he gives the following description of the technic:

"The preparation of mercury used is hydrargyrum succinimidum. Just before the injections are to be given distilled water is boiled for at least twenty minutes. A solution is then made so that 0.64 Cc. (min. x) will be equivalent to Gm. 0.013 (15 grn.) of mercury succinimide. The syringes and needles are boiled for twenty minutes.

"The skin of the patient's buttocks is scrubbed with hot water and tincture of green soap, then washed with alcohol, followed by ether, and this in turn by a solution of bichloride of mercury (1 to 3,000). The surgeon's hands are prepared as for any operation, and sterilized rubber gloves are worn. The patient being in a prone position on the table, the needle is driven deeply into muscle tissue by a quick downward plunge. If no blood escapes from the butt of the needle, the syringe is put in place and the drug is injected. If blood escapes, a vein has been punctured, and the needle is therefore withdrawn and inserted at another place.

In a later article Wright says (*N. Y. Med. Jour.*, Aug. 29, 1908):

"Since the publication of my second report we have modified the procedure for the administration of mercury as follows: We now give an injection every other day until thirty injections have been given, then follow by a two weeks' course of potassium iodide, Gm. 0.64 (10 grn.) thrice a day, then one week's rest from medication, after which we resume the injection and repeat. This is giving us the most satisfactory results."

Good results are reported by Wright, but the method must be regarded as still on trial.—*Abs. Jour. A. M. A.*, Oct. 17, 1908.

THE KNOWLTON HOSPITAL.

The history of the Knowlton Infirmary in Columbia, bears a testimony to the value of persistent and well directed effort. Twelve years ago, Dr. Knowlton opened an embryonic infirmary in two rooms over his residence on Lady street. Mrs. Knowlton, his mother, was the only nurse, and did all the sterilizing in a seven dollar Arnold sterilizer upon the kitchen stove. In order to provide room for patients, Dr. Knowlton slept in his office. Results came. Three years later, Dr. Knowlton built a nice little wood-frame infirmary on Marion street, with a capacity for four patients. Two years later, this was removed to an adjoining lot, and in its place a handsome brick infirmary, with a capacity for eight patients, was erected. The work has continued to grow substantially. Dr. Knowlton will soon open his fourth infirmary, and the name will be changed from that of Knowlton Infirmary to Knowlton Hospital.

The new building is a handsome brick structure of three stories and basement,—a credit to individual surgical achievement in South Carolina, and an ornament to the Capital City. It contains twenty-five rooms for patients. The exterior is particularly striking with its basal tuscan effect, surmounted by the Ionic. The Marion street entrance presents a classic approach of Indiana stone, inclosing a marble stair and a handsome tile vestibule.

The tile operating and sterilizing rooms are situated on the top floor on the north side of the building, and are patterned after

those of the Mayos. All other floors are of hard wood, and the entire equipment of furniture is of mahogany and mahogany finish. All fixtures and baths are of solid porcelain.

The new hospital will open during the early part of January, 1909, under Miss Cora Welker of Massachusetts, who will be in charge of a large class of nurses. It purposes to accomodate patients at from \$7.00 to \$25.00 per week.

STATE BOARD OF HEALTH ACTIVE.

The following annual report of Dr. G. L. Martin, agent of the State Board of Health, is well worth study as an indication of the good work being done by the Board and its active workers:

Greenville, S. C., Nov. 23, 1908.

Dr. C. F. Williams,

Sec. State Board of Health,
Columbia, South Carolina.

Dear Sir: I beg leave to make this my annual report to the State Board of Health for work done during the year 1908, up to Dec. 1st., in the counties of Greenville, Anderson, Pickens, Oconee and Greenwood. I have done scarcely any work in Oconee for the reason that there has been but little necessity, no cases having been reported to me. In Greenwood I have never gone below Ware's Shoals' factory, hence no very great deal of work has been done in that county by me.

I have done many more disfections than quarantines. People object in many instances to being quarantined, and the attending physicians not wishing to offend do not report until cases of contagious diseases are convalescent, when I am notified to come and disinfect. In some few instances I have had to repeat disinfection and such are reported as if two cases. Approximately 100 premises have been quarantined. Six hundred and seven premises have been disinfected. Sixty-five houses with scarlatina, and thirty-five houses with diphtheria were quarantined.

I disinfected one hundred homes after infection with diphtheria, and five hundred and seven homes after scarlatina infection.

I disinfected forty-one homes after diphtheria in Greenville county, twenty-two in Pickens county, and fifteen in Greenwood county.

The localities suffering most in Greenville county were the cotton mill towns surrounding Greenville, at Fountain Inn, Simpsonville (the school was stopped at this place until we suppressed the trouble), Taylors, Chick Springs (the guests here, 85 in number, were quarantined for over three weeks on account of epidemic diphtheria) and in the rural districts all over the coun-

ty; in Anderson county the Pelzer factory the Piedmont factory, on the Anderson side of the river, and in the country or rural districts; in Pickens along the Southern Railroad, at cotton mills, Easley, Liberty, Central, and Norris Cotton Mills, and in sparsely settled communities. Such communities furnished many cases of diphtheria. In Greenwood county I did the most work at Ware Shoals factory and the surrounding country on both sides of the river.

In doing this work I am greatly handicapped by those physicians who do not report these contagious diseases. As before referred to, many people greatly object to being quarantined, and it is very unpopular for a physician to report as soon as he makes a diagnosis. Many, therefore, wait until the one case or all the cases are well or die, then I am requested to come and disinfect. However, there are some doctors who do not report for disinfection, and in such cases the people object even to disinfection, not realizing its benefits. At no house where I disinfected last year did any cases occur this year, but cases were traceable in some instances to families who kept it a secret last year, and were therefore not disinfected. Another drawback was that some factory and some country people did not seek medical advice and were never disinfected. Had all physicians reported for quarantine all cases to the health authorities as soon as the nature of the disease was determined then many cases could have been avoided.

At Chick Springs the doctors co-operated and Dr. C. F. Williams came up and assisted me or I do not think I could have maintained a semblance of quarantine. In fact a prominent lady left while under quarantine with her children. She was prosecuted, plead guilty, and was fined a nominal sum. Others living out of the state broke quarantine at night. Nothing was done with them as they made good their escape. I frequently have to hunt out, where physicians do not report to me, families who need disinfection. When one in a community is found they report all others, then seeing the danger to others who may go into houses not disinfected.

These matters, however, are very much improved over conditions obtained in the beginning of this work. The doctors now report fully twice as well as they did a year ago, and without their kind co-operation it would have been almost impossible to find many cases that needed attention.

I was frequently urged to disinfect after death or removal of tuberculosis patients but was instructed not to do so.

I am glad to report more than a majority of physicians now report their cases for quarantine, but at least a third do not, and there is a very small number who do

not report for either quarantine or disinfection.

In making this report I stated that it was approximately correct. For instance Chick Springs had from nine to twelve cases of diphtheria. Many of the rooms were disinfected three times, so it would have been impossible to report same accurately. Sometimes, too, one quarantine was reported where there were many cases in one building.

I beg also to report that the death statistics can only be approximated for the reason that the sequelae of scarlet fever cause more deaths than the acute form of the disease. From the best information I can obtain there were reported ten deaths from scarlatina and eight from diphtheria during the eleven months ending December 1st 1908, in the territory in which I work; but there are others, who have not been reported or who called in no physician, that do and will suffer and die from the after effects of scarlatina, and I do not hesitate to say there are some in my territory as well as all over the country.

Respectfully Submitted,
(Signed) G. L. Martin, M. D.
Agent State Board of Health.

Book Reviews

COAKLEY'S LARYNGOLOGY.

A Manual of Diseases of the Nose and Throat. By Cornelius G. Coakley, M. D., Clinical Professor of Laryngology in the University and Bellevue Hospital Medical College, New York. New (4th) edition, 12mo., 604 pages, with 126 engravings and 7 colored plates. Cloth, \$2.75 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Just nine years have elapsed since this work first appeared, a span long enough to test the quality of any work and to establish it firmly if it answers all tests. The profession, including teachers of laryngology, are evidently clear as to the merits of "Coakley," for three large editions have been absorbed, and the demand, the publishers tell us, is more vigorous than ever. As a laryngologist and teacher, Professor Coakley possesses both the practical and didactic knowledge. He takes his reader from the beginning and carries him through to end of the subject, framing the book so that it will serve the man who has not had the advantage of personal clinical instruction, and therefore meeting the needs of all others as well. He is especially clear and full in

the practical sections, namely those on examination, diagnosis and treatment. He has selected the medicinal and operative measures which in his experience are best and has given them in full detail. A special chapter on therapeutics contains the drugs classified by their local actions and a number of useful prescriptions with indications for their employment. It goes without saying that a work having achieved a coveted position in the forefront will be careful to maintain it by thorough revisions to date whenever the profession exhausts an edition and calls for another, conditions which are all exemplified in this new issue.

THE PRACTITIONER'S VISITING LIST.

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BOOKS RECEIVED.

Diseases of the Skin. Ohmann-Dumesnil. C. V. Mosby Company.

Diseases of the Nose and Throat. Coakley. Lea & Febiger.

Operative Surgery. Bickham. W. B. Saunders Company.

Text Book of Diseases of Women. Penrose. W. B. Saunders Company.

Diseases of the Skin and the Eruptive Fevers. Schamberg. W. B. Saunders Company.

Principles of Surgery. McGuire. Southern Medical Publishing Company.

Suggestive Therapeutics. Munroe. C. V. Mosby Company.

Gonorrhoea in Women. Findley. C. V. Mosby Company.

Arteriosclerosis. Warfield and Taylor. C. V. Mosby Company.

Surgical Memoirs. Mumford, Moffatt, Yard & Co.

Transactions American Proctologic Society, 1908.

Current Reviews

MATERIA, MEDICA AND THERAPEUTICS.

By E. A. Hines, M. D.,

Celli discusses the principles of epidemiology of malaria and considers various epidemic types, the measures for combating malarial epidemics, legislation concerning malaria, the organization of the campaign against this disease, and describes the general result of the campaign in Italy, where from 1887 to 1895 over 15,000 people died annually from malaria. In 1895, when the campaign began, a certain attenuation set in, but still nearly 13,000 people died annually on the average until 1902, when the state administration of quinin was begun. That year the mortality fell to 9,908, and has fallen progressively year by year, until in 1906 it was only 4,871; and, further, the characteristic periodic recrudescences have no longer presented themselves. The campaign, then, consists: 1. In destroying or rendering inoffensive the mosquitoes in externo. This can be only partially effected, and is moreover costly, the means being physical, chemical and biologic—drainage, chemical means and screening to keep mosquitoes away from persons. 2. The destruction of the malarial parasites in the blood. This can be effected by quinin, for the effective administration of which the author gives the following principles: 1. Quinin, provided that it be administered daily, is in average and even therapeutic doses better tolerated, and for a longer time than one would suppose. 2. Quinin taken daily is always present in the blood, and thus prevents, instead of producing, quinism. 3. If given at longer intervals than three days quinism presents itself every time. 4. Few persons are intolerant of salts of quinin insoluble in water, if administered in average doses daily; and hemoglobinuria has never been encountered. 5. An insoluble salt, e. g., quinin tannate, is slowly absorbed, is generally atoxic, and is particularly indicated for children. 6. Quinin in the basic state is absorbed and acts well. An essential of tolerance is administration in agreeable form, e. g., comfits or chocolates. 7. He who takes quinin every day, and, therefore,

has always a supply of quinin in his blood stream, can undergo with impunity incalculations of blood of malarial parasites, and can expose himself without danger to bites by infected mosquitoes. 8. Arsenic and iron do not display any protective antimalarial action, either experimentally or chemically demonstrable. The author, therefore, suggests that in malarial localities the state itself should manufacture the quinin preparations, so as to sell them at the minimum price, or even distribute them free when necessary, and always in the more agreeable form of comfits. From the immunity thus effected it will be possible without the mortality of earlier times to arrive at agrarian sanitation and colonization of malarious districts, and to improve the alimentation, clothing, education, etc., of man, which augment the organic resistance and thus subdue malaria, even where anophelism can not be entirely extinguished.

Mercury in Tuberculosis.

This article constitutes a supplementary report on the treatment of tuberculosis by administration of mercury described by Wright in United States Naval Medical Bulletin, April, 1908, and abstracted in the Journal, July 4, page 75. Since the previous report the percentage of improvements has risen to 85, thirty-four patients being improved. Sixty-five patients are now being treated, and Wright believes that from present indications the percentage of improvement will equal if not surpass that obtained from the forty cases already reported. A few of the patients have moderately advanced lesions, but the majority are well or far advanced in the disease. He reports the cases in detail and describe his method of administration of mercury practically as follows: An injection is given every second day until thirty injections have been given. Then potassium iodid is given for two weeks—0.64 grams three times a day. After this one week is allowed to elapse without any medication; then the injections are resumed. This method is giving Wright satisfactory results.

Treatment of Scarlet Fever.

Oppenheimer warns against allowing the child to become chilled. He never exposes the child much for examination, and forbids general baths. After expectant treat-

ment in the first stage he allows, the second or third day, tea diluted with milk, lemonade or water, but nothing else until the appetite returns as the acute toxic symptoms subside. He says that the diet is of more importance in scarlet fever than in any other infectious disease, on account of the tendency to nephritis. It is important to avoid eggs, meat and soup, avoiding even dishes containing eggs. He insists on keeping the child in bed for five or six weeks, as nephritis is liable to develop in the fourth or fifth week. In an experience of 150 scarlet fever patients treated on these principles—avoidance of baths and cold packs and of meat, soup and eggs—he has never had scarlatinal nephritis develop in any instance. He would like an institution to which scarlet fever children could be taken, allowing their mothers to accompany and wait on them, and the family physician to attend his little patient.

OPHTHALMOLOGY AND OTOTOLOGY.

By E. F. Parker, M. D.

A Monocular Method of Correction of Ametropia.

Dunn, Percy, London (Ophthalmoscope, February, 1908). Instead of bifocal lenses for presbyopes who have ametropia he sometimes prescribes the ametropic correction for one eye and the ametropic correction plus the presbyopic correction for the other eye. The patient is then enabled to read with one eye and see at distance with the other. The author claims that these lenses do not cause discomfort nor confusion, as do bifocals.—Abs. Ophth.

Some Remarks on Eye Strain.

Thompson, J. L., Indianapolis (Indiana Med. Jour., xxvi, No 3), finds that there are factors connected with headache, migraine, and other eye strain neuroses which persist after careful correction of refraction error and muscular anomalies, and cannot be corrected by any treatment of the eye alone. Migraine may be brought about, in certain susceptible individuals, of whom the writer is one, by disturbances of digestion, over-eating, drinking large amounts of an iced beverage, smoking strong cigars while fasting, or by overstimulation of the eye by exposure to bright light. Many young persons can be cured by attention to these points, but adults are, as a rule, not per-

manently relieved.—Abs. Ophth.

Diagnosis and Treatment of Commoner Injuries of the Eye.

Gamble, W. E., Chicago (Ill. Med. Jour., March, 1908), calls attention to infection as the great danger in penetrating wounds, especially those of the cornea, which generally heal promptly if clean. Fluorescein, 2 per cent. solution, and the use of oblique, focal illumination, with a strong convex lens, are valuable aids in examination. Small abrasions are frequently the source of infected corneal ulcers, especially when blennorrhoea of the lacrimal sac is present. Proper irrigation and a protective bandage will generally effect a cure in a day or two. Small particles of glass may easily escape detection unless fluorescein is used. If ulcer develops it should be cauterized with 95 per cent. carbolic acid applied on a toothpick. In lime burn, removal of the particles is the most important procedure, to be followed by cocaine vaselin. The Haab magnet is recommended for removing magnetized foreign bodies.—Abs. Ophth.

Anatomy of Congenital Deafness.

Ferdinand Alt (Monatsschrift für Ohrenheilkunde sowie für Kehlkopf, Nasen, Rachenkrankheiten, February, 1908) reports a case of congenital deafness, in which he made a careful and complete histologic examination of the ears. The patient had died from tuberculosis. The case was one of complete deafness on both sides. The middle ear was practically normal, and the labyrinth followed out in general the ordinary scheme. The terminal elements of the nerves were only partially developed, and further had subsequently undergone a marked atrophy. This condition was seen in the vestibules in all of the sensory epithelium of the cochlea, and also there was a collapse of the membranous labyrinth. The nerve itself in the region of the internal auditory canal showed less atrophy than in the individual nerve canals and the sensory epithelium. There was no sign of any inflammation either recent or old.—Abs. Annals O. and R.

Bier's Hyperemia Treatment in Acute Middle Ear Suppuration.

F. Isemer (Arch. für Ohrenheilkunde, Bd. 75, Nos. 1 and 2) reports in detail nine more cases of otitis media treated by Bier's passive hyperemia. From a study of these

cases he arrives at slightly different conclusions than formerly. He says that treatment of otitis media with passive hyperemia is not void of danger, as in employing this therapy the symptoms became so markedly lessened that it is not an easy matter to know when to institute surgical interference. Hence he does not advise its use by the general practitioner. Streptococcic and diplococcic infections are especially dangerous. The hyperemia works better in staphylococcic infections and especially in cases with mastoiditis where there exists a cortical fistula. Here an incision through the soft parts gives a chance for the pus to escape. Relief from pain is the most striking result of the hyperemia treatment, but this in some cases may be exceedingly dangerous. This treatment should never be used in cases with intracranial complications.—Abs. Annals O. and R.

The Mystery and the Myth of Meniere's Disease.—George M. Gould of Ithaca, N. Y., after discussing the origin of the term Meniere's disease, its symptomatology and lack of pathology, states his belief that this disease is simply migraine, or sick headache, with many symptoms ignored and with three of the secondary or incidental effects over-emphasized. These are vertigo, tinnitus, of a purely functional nature, a reflex oculoneurosis to the center or organ of hearing or of traumatic origin caused by vomiting; and partial or complete deafness, due to injuries in vomiting. Migraine is one of the evil effects of eyestrain and is always preventable; almost always curable by scientific spectacles, because in one hundred per cent. of cases it is due to ametropia.—Med. Record.

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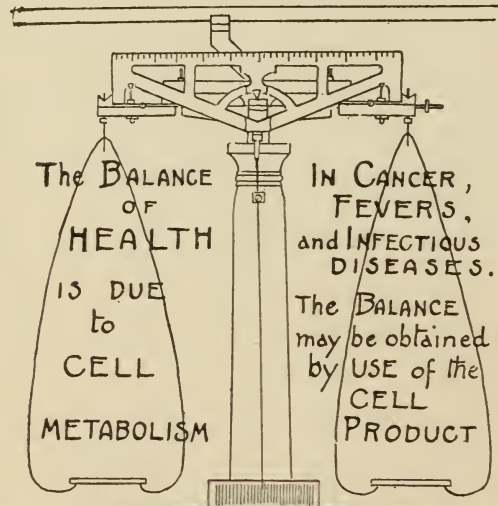
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